

FILLED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21562**

Registration District No. **253** Primary Registration District No. **5354** Registrar's No. \_\_\_\_\_

3100  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Daviess  
 (b) City or town Rural Harris  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 4022s  
 years, months or days

**3. (a) PRINT FULL NAME** ELMARY V TOWNSEND

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** female **5. Color or** white **6. (a) Single, widowed, married,** divorced married  
**6. (b) Name of husband or wife** John Townsend **6. (c) Age of husband or wife if** 86  
**7. Birth date of deceased** Jan. 9 1855  
 (Month) (Day) (Year)

**8. AGE:** Years 86 Months 4 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Marian Co Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** housewife

**11. Industry or business**  
**12. Name** Benjamin Wartland  
**13. Birthplace** Illinois  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Rebecca Shadon  
**15. Birthplace** Illinois  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Jay White  
(b) Address Hannettan Mo

**17. (a)** Burial (b) Date thereof May 25 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation High Fork Cemetery

**18. (a) Signature of funeral director** H. A. Beeghler  
(b) Address Hannettan Mo

**19. (a)** June 3 4 1941 (b) A. J. Thummett  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Caldwell  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 13 rd  
 year 1941 hour 8 1/2 minute 77 M.

**21. I hereby certify** that I attended the deceased from May 11 1941 to May 14 1941;  
 that I last saw her alive on May 14 1941  
 and that death occurred on the date and hour stated above  
 Immediate cause of death general debility

Due to Pylospasim  
(intestinal obstruction)  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
230 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** Andrew H. Darway (M. D. or other) D.O.  
 Address Kidder Mo. Date signed 5-24-41

Dr. G. S. Minnick  
Lock Springs

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*J. R. Houghton*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*J. R. Houghton*

Licensed Embalmer No. ....

*385*

P. O. Address.....

*Hamilton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**