

JAN 24 1942 399

1002

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2618 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2618 Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Dalzell Townsley, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charlotte Townsley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 11 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Water Department

MOTHER FATHER { 12. Name James Townsley
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dalzell
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Townsley, Jr.

(b) Address 2618 Campbell

17. (a) Burial (b) Date thereof 12-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 12/22/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 10: minute 30 a. m.

21. I hereby certify that I attended the deceased from Dec 1938
19. to Dec 21 19. 41
that I last saw him alive on Dec 21 19. 41
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes mellitus Duration 3 yrs
Due to Arteriosclerosis
Due to Diabetic gangrene 3 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61 PHYSICIAN _____
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. K. Kuhn (M. D. or other) _____
Address 1103 Grand Date signed 12/24/41

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

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