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42657

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 14 1942

Registration District No. 656

Primary Registration District No. 5873

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Pemscot

(b) City or town Cooter Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot

(c) City or town Cooter (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.

3. (a) PRINT FULL NAME OPHELIA Townse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1941 hour 2:00 minute a. M.

4. Sex M 5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

About 47

Immediate cause of death Gunshot wound in head, inflicted by his wife Alberta Townse.

Due to _____

Due to _____

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

10. Usual occupation Farm laborer

11. Industry or business Farming

12. Name O. Townse

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Susie Campbell

15. Birthplace Missouri (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 166

Of autopsy _____

16. (a) Informant L. T. Townse

(b) Address Marion, Ark. Rt. 1, Box 232

17. (a) Burial (b) Date thereof 11-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Sherman and Co.

(b) Address St. Louis, Mo.

19. (a) 1-9-1942 (b) Tom Braganca
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Nov. 8, 1941

(c) Where did injury occur? Cooter, Pem. Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm of Dr. Cooper
(Specify type of place)

(e) Means of injury Gunshot

23. Signature Julius V. Moore (M.D. or other) Floronia
Address Hayes, Mo. Date signed Nov. 8/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1-42-20

JUL 5 1943

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.....

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

working under my personal supervision.

Signed *William C. Shelton*.....

Licensed Embalmer No. *3929*.....

P. O. Address *St. Louis, 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, fact should be so stated above.