

S. No. 2  
1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7069

FILED MAR 20 1942

Registration District No. 178

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town LEBANON MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LINCOLN & PEARL ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 YRS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LACLEDE MO.  
(c) City or town LEBANON  
(If outside city or town limits, write "RURAL")  
(d) Street No. LINCOLN AT PEARL  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SOLIA F. TOWNSEND  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAR day 9  
year 1942 hour 3 minute 30 A M.  
21. I hereby certify that I attended the deceased from Mar 6  
42 to Mar 9 1942  
that I last saw her alive on Mar 8, 1942  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife GEO. TOWNSEND 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased FEB 18 1876  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 2 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 66 Months NO Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. CHARLES MO (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSE WIFE

Other conditions 108  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John W. Tucker  
13. Birthplace MO. (City, town, or county) (State or foreign country)  
14. Maiden name SARAH C. TUCKER  
15. Birthplace MO. (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Townsend  
(b) Address LEBANON MO  
17. (a) BURIAL (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation KIRK CHAPEL PALMER'S  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address LEBANON MO  
19. (a) Mar 9-42 (b) James Roper  
(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) \_\_\_\_\_  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
23. Signature James L. Hope (M. D. or other) \_\_\_\_\_  
Address Lebanon, Mo Date signed 3/9/42

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

3  
1  
2

1090

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 2-42-66

Date Filed March 12, 1942

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 \_\_\_\_\_

Alyn Dethorpe

Registered Apprentice No. 294

working under my personal supervision.

Signed R. O. Bohner

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.