

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15426

State File No.

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 48

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town St. Francois (Rural) Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 yrs. 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Dorena
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN M. TOWNSEND

3. (b) If veteran, name war Unknown
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 Unknown
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 19th 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 23
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital #4 Records

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hosp. #4 Cemetery

18. (a) Signature of funeral director Cozean's Funeral Home

(b) Address Farmington, Missouri

19. (a) 4-13-42 (b) B. yrdie S. Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-24-08
to 4-12-42, 19... to 19...
that I last saw him alive on 4-12-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
with terminal thrombosis
Due to hypertensive heart disease (1 day)
associated with marked
general arteriosclerosis
Pre-existing condition hypertensive psychosis

Major findings: Of operations no
Of autopsy no
PHYSICIAN: 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) NO
(b) Date of occurrence NO
(c) Where did injury occur? NO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO (Specify place)
(e) Means of injury
23. Signature G. TIVIS GRAVES, JR. MD (M. D. or other) M.D.
Address Farmington, Mo. Date signed 4/13/42

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

4400

1194

RECEIVED

District Health Officer No. 4

District File Number 542-584

Date Filed 5-13-42

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.....

me

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

working under my personal supervision.

not embalmed

Signed.....

Licensed Embalmer No. 4084

P. O. Address Jerminston

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.