

FILM JUN 22 1942

Registration District No. **213**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Chamois, Mo
years, months or days 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Chamois
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Luella G. Townley

(b) If veteran, name war _____
(c) Social Security No. 495-18-9302

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Monroe Townley 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Feb 15 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 1 If less than one day 6 hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
12. Name August Willenbrink
13. Birthplace Dutzow, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Laura Helmick
15. Birthplace Dutzow, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Lander
(b) Address 501 W. 3rd St. Fulton, Mo

17. (a) Removal & Burial (b) Date thereof May 19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chamois, Mo

18. (a) Signature of funeral director W. T. Stocksich
(b) Address Chamois, Mo

19. (a) 5-16-42 (b) Norma Sietter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 6 minute 00

21. I hereby certify that I attended the deceased from May 12 1942
_____ 19 May 16 19 42
that I last saw her alive on May 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Shock

Due to Cholecystectomy

Due to _____

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

Major findings: Of operations Cholecystectomy

Of autopsy _____

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 name of place)
(e) Manner of injury _____

23. Signature Thomas J. Kelly (M. D. or other) MD
Address Jefferson City, Mo Date signed May 16 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
5
4

1/42

H.P.

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 Otto T. Lembeck

Licensed Embalmer No. 1902

P. O. Address Chambers

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.