S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

JUL 28 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

Registration District No. 2323

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21033

State File No.

Primary Registration District No. 5354

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Daviess
(b) City or town: "Rural" Harrison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Miles N.W. Breckenridge, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 39 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Daviess 31
(c) City or town: "Rural" Harrison Township 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 6 Miles N.W. Breckenridge 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Ethel Townsend
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Luther Townsend
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: September (Month) 26 (Day) 1880 (Year)

8. AGE: Years 61 | Months 8 | Days 23 | If less than one day: hr. min.

9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER
12. Name: Allen Lyle
13. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name: Mary Day
15. Birthplace: Anthony (City, town, or county) Kansas (State or foreign country) 1
16. (a) Informant: Luther Townsend
(b) Address: Rt. 4 Breckenridge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lick Fork Cemetery
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Mo.
19. (a) 6-28-1942 (Date received local registrar) (b) R. O. Nicholson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Apr 10 42, 1942, to 6-19, 1942, that I last saw her alive on 6-19-42, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage,
Due to: Ulcer of Stomach
Due to:
Other conditions (Include pregnancy within 3 months of death): NM
Major findings: Of operations: None
Of autopsy: None

Duration

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)
(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 0
23. Signature: W. L. Chaffin M.D. (Coroner or other)
Address: Breckenridge Mo Date signed 6-28-42

1084 (Licensed Embalmer's Statement on Reverse Side)

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 L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.