S. No. 2
—1-4-41
. 5-17-39
I X26390

76
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27849

Registration District No. 639

Primary Registration District No. ~~639~~ 5-8-4-8-4-3-8-3 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days) 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76 0 0

(c) City or town Chamois (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 0

3. (a) PRINT FULL NAME Mary E. Townley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sterling M. Townley

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct (Month) 14 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	1	6 hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Robert Findlay
13. Birthplace — (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Jane Allan
15. Birthplace — (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Jessie Heath

(b) Address St Louis. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 (Month) 1942 (Day) (Year)

(c) Place: burial or cremation Oklahoma Cemetery Rural

18. (a) Signature of funeral director Otto T. Stocksick

(b) Address Chamois Mo.

19. (a) July 18, 1942 (Date received local registrar) (b) Esther Sauder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from July 1 St 1942 to June 13 St 1942; that I last saw her alive on June 18 1942 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations

Of autopsy

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 M. E. Townley (M. D. or other)

Address Chamois Mo Date signed 7/17/42

570

(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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.