

Registration District No. **192** Primary Registration District No. **5707** Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Rural, McMillon, Supp.**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **McDonald**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Andersons Mo. St. #1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9**
year **1947** hour **10** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 30** 19**42** to **Jan 9** 19**43**
that I last saw him alive on **Dec 28** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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 type of place)
(e) Means of injury **Motor Vehicle**
23. Signature **R. E. Warrick** (M. D. or other)
Address **Southwest City, Mo.** Date signed **1-10-43**

3. (a) PRINT FULL NAME **Roy Edward Townsend**

3. (b) If veteran, name war **1** 3. (c) Social Security No. **543-05-8769**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Addie Townsend** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 28 - 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 10 hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Edward Townsend**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Cresta Lewis**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Addie Townsend**

(b) Address **Anderson, Mo. Route #1**

17. (a) **Rural** (b) Date thereof **1-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethel Cemetery**

18. (a) Signature of funeral director **Chas. W. Williams**

(b) Address **Geodman, Mo.**

19. (a) **1-13-43** (b) **Virginia Buck**
(Date received local registrar) (Registrar's signature)

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

60000

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1324

RECEIVED

District Health Officer No. 6,

District File Number 234-179

Date Filed FEB 11 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.