

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED. MAY 3 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1585

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3120 Olive
(If not in hospital or institution, write street number or location)

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

In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3120 Olive St.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Lucy C. Towner

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Orrin W. Towner 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased October 1 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 5 30 hr. min.

9. Birthplace Rutland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Hiram Russell

13. Birthplace Washington County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Vesta Stone

15. Birthplace Washington County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant H. S. Towner

(b) Address 5848 Wyandotte

17. (a) Removal (b) Date thereof 4-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peterson, Iowa

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 4-2-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10:50 AM
Tuesday March 30, 1943 to March 31, 1943
that I last saw him alive on 1:05 PM Wed March 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of the large bowel & blocked kidneys

Due to paralysis 830

Due to Sensibility

Other conditions None
(Include pregnancy within 3 months of death)

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?
While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature David S. Coakley (M.D. or other) Do
Address 500 Bryan Bldg Date signed April 1943

