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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Gentry

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

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

(d) Length of stay: In hospital or institution Two years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Albany  
(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 /

3. (a) PRINT FULL NAME James Albert Townsend

3. (b) If veteran, name war: ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1943 hour 1 minute 30P. M.

21. I hereby certify that I attended the deceased from May 21  
1943 to May 24 1943  
that I last saw h. im alive on May 24, 1943  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Sarah M. Smith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: August 10 1876  
(Month) (Day) (Year)

Immediate cause of death Heart Failure  
Coronary Thrombosis

Due to Coronary Thrombosis

Due to .....

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

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>11</u>	hr. .... min.

9. Birthplace Albany Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

12. Name John Townsend

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

14. Maiden name Eliza Burkhart

15. Birthplace Carroll County Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations gfa

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant J. M. Townsend

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 5/24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vt. Springfield, Mo.

18. (a) Signature of funeral director W. H. Brooks  
(b) Address Albany Mo.

19. May 22-1943 (b) James M. White  
(Date received local registrar) (Registrar's signature)

James M. White  
(Licensed Embalmer)

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 J. M. Barger (M. D. or other) Albany Mo.  
Address Date signed 5-22-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

MOTHER FATHER

(Statement on Reverse Side)

APR 5 1944

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**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3329

P. O. Address..... Albany, N.Y.

**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.**