

No. 2  
-5-42  
5-17-39  
X32

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24246

Registration District No. 10

Primary Registration District No. 3002

State File No. ....

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
Audrain Hospital  
(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 Missouri (b) County Audrain

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

(d) Street No. 1007 E. Monroe St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Annie Towson

3. (b) If veteran, name war None

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 Frank M. Towson

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

7. Birth date of deceased Dec. 8, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 7 11 hr. min.

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

10. Usual occupation Household

11. Industry or business.....

12. Name Charles Duffens

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

14. Maiden name DK

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

16. (a) Informant Mrs. Mary F. Crewes

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 7/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Dault

(b) Address Mexico, Mo.

19. (a) 7/20/43 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 43 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 6 1943 to July 19 1943  
that I last saw her alive on July 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chr. Myocarditis 5 yrs  
Myocardial degeneration  
Generalized arteriosclerosis 5 yrs

Due to.....

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

Major findings:  
Of operations..... 930

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.....

23. Signature R. M. Weaver (M. D. or other) MD  
Address Mexico, Mo. Date signed 7/20/43

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

MOTHER FATHER

1074

JUN 5 1944

**RECEIVED**

District Health Officer No. 10

District File Number 8-43-1280

Date Filed AUG 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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.**