S. No. 2
OM—2-43
5-17-39
SEP 17 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30470

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8002

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town New Franklin NR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

045
3
0

3. (a) PRINT FULL NAME Tyle Douglas Townsend
3. (b) If veteran, name war None
3. (c) Social Security No. 702-10-2744
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Townsend
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 12 (Day) 1892 (Year)

8. AGE: Years 51 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Chilhowee (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Engineer
11. Industry or business
FATHER
12. Name Frank Townsend
13. Birthplace Unavailable (City, town, or county) 0 Missouri (State or foreign country)
MOTHER
14. Maiden name Lena Unavailable
15. Birthplace Unavailable (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ruby Townsend
(b) Address New Franklin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) SEP 7 1943 (Date received local registrar) (b) J. Wredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1943 hour 10 minute 45 A M.
21. I hereby certify that I attended the deceased from Aug. 30, 1943, to Sept 7, 1943; that I last saw him alive on Sept 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma - Sigmoid Colon	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Colostomy verified Carcinoma of colon
Of autopsy

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 C. B. Kiefer (M.D. or other) M.D.
Address 402 Listed Bldg Date signed 9-7-43

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(Licensed Embalmer's Statement on Reverse Side)

SEP 17 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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address City

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.