S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41331

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5332

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: 6 Stcklukes Hospital 0 Lo 315 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Week (Specify whether
In this community 6 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Clay
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #2. Box 460 Liberty Missouri 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME George Norman Townsend

3. (b) If veteran, name war No
3. (c) Social Security No. 486-10-2624

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Margaret Townsend
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased September (Month) 9 (Day) - 1908 (Year)

8. AGE: Years 35 Months 3 Days ~~5~~ 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Welder Foreman
11. Industry or business Darby Corp.

FATHER
12. Name John W. Townsend
13. Birthplace (City, town, or county) Ky. (State or foreign country) /

MOTHER
14. Maiden name Nellie Miller
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Margaret Townsend
(b) Address R. #2 Box 460 Liberty, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 12-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th.
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 11-3-43, 19__, to 12-13-43, 19__;
that I last saw h. 1 M. alive on 12-13-43, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Hemorrhage
(2) Staphylococcus Septicemia

Due to wound infection (surgical)

Due to 96

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

Major findings:
Of operations Arterio-venous aneurysms
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 0

23. Signature F. H. Hodgson (M. D. or other)
Address 200 Plaza Med Bldg. Date signed 12-15-43

561 (Licensed Embalmer's Statement on Reverse Side)

JAN 24 1944

Dr. Lp. Engle Plaza Medical Bldg.
12/30 to 5/30 Wednesday

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 Wendil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.