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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6368

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 552

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 45 years

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. 921 Michigan (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Townsend
3. (b) If veteran, name war None
3. (c) Social Security No. 493-22-8951
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Townsend
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April (Month) 17 (Day) 1877 (Year)
8. AGE: Years 66 Months 9 Days 12 If less than one day hr. min.
9. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Freeman Townsend
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Laura
MOTHER 15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Edith Robinson
(b) Address 921 Michigan
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia
19. (a) 2-2-44 (Date received local registrar) (b) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1944 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Burns of 2nd & 3rd 340 Degree — Duration
Due to Of Trunk Legs and face
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 180-1
Of autopsy Insp 35

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) See 12.2
(b) Date of occurrence 1-29-44
(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In street (Specify type of place)
While at work? yes (e) Means of injury conflagration
23. Signature C. F. Richardson (M. D. or other)
Address 1832 Vine Date signed 1-30-44

(Licensed Embalmer's Statement on Reverse Side)

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. J. Maslove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.