

No. 2
1-5-43
5-17-39
I X36671

State File No. _____
Registrar's No. 422

FILED FEB 6 1945
Registration District No. 749

Primary Registration District No. 1002

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

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: Gen. Hosp. #2. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-18-45-1-25-45
(Specify whether years, months or days) About 19 years

3. (a) PRINT FULL NAME ALONZO TOWNSEND

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 7 5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Naomi Townsend

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

7. Birth date of deceased July 4 1880
(Month) (Day) (Year)

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

64 6 21 hr. min.

9. Birthplace Warrens Town Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Jess Townsend

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

14. Maiden name Martha

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

16. (a) Informant Record Clk.

(b) Address Gen. Hosp. #2.

17. (a) Burial (b) Date thereof 1-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Ernesting Bells

(b) Address 1217 W. 11th St. No.

19. (a) 1-26-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 Woodland 8
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1945 hour 2:50 minute 8. M.

21. I hereby certify that I attended the deceased from January 18, 1945, to January 25, 1945, that I last saw him alive on January 25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to Hypertensive type heart disease

Due to _____

Other conditions: 93 d
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

While at work? _____ (Specify place) (e) Means of injury _____

23. Signature G. E. Brown (M. D. or other) _____
Address Gen. Hosp. #2 - 6016 22 Date signed 1-26-45

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.....

E. Sterling Bell

Licensed Embalmer No.....

3178

P. O. Address.....

1212 Vine K.C.

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.