

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945
Registration District No. 332

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14708
Registrar's No. 20

Primary Registration District No. 6114

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town R.F.D. Marley Mo
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Rural Marley Mo
(d) Street No. _____
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME THOMAS CLAYTON TOWNLEY
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 3
year 1945 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced divorced
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) 6 (Day) 29 (Year) 1942

Immediate cause of death Accident Poisoning
Four Acid Pills
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 2 Months 6 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace (City, town, or county) _____ (State or foreign country) _____

Major findings: Of operations 179-X
Of autopsy 13
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name Charley Townsend
13. Birthplace Marion Co. Ala.
14. Maiden name Oliver Padgett
15. Birthplace Maize Ala.
16. (a) Informant Mrs. Dora Townsend
(b) Address R.F.D. Marley Mo
17. (a) _____ (b) Date thereof _____
(c) Place: burial or cremation Burial Cemetery
18. (a) Signature of funeral director J. J. Thomas Horn
(b) Address Winfield Alabama
19. (a) 3-16-45 (b) Mrs. W. Foster

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 101
(b) Date of occurrence 1/3/45
(c) Where did injury occur? Rural Marley Scott Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
While at work? _____ (Specify type of place) (e) Means of injury poison
23. Signature Dr. Will Taylor Garner
Address _____ Date signed _____

1042

RECEIVED
District Health Office No. 2
District File Number 445-52
Date Filed 4/7/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Man
Registrar's No. 1

Registration District No. 332 Primary Registration District No. 6114

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

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Rural Morley Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Thomas C. Townley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 29 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 6 Days _____ If less than one day _____ min.

9. Birthplace Mont Auburn Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Mrs. W. E. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day _____
 year 1945 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 type of place)
 (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY 3

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

14708