

V. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 4 1945

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 11

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

1. PLACE OF DEATH: 9H

(a) County Lyon

(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's of the Ozarks  
(If not in hospital institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME May Rhiel Townsend

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 1 1873  
(Month) (Day) (Year)

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

72 2 15 hr. min.

9. Birthplace Potosi Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Book Keeper

12. Name William Rhiel

13. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Richeon

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

16. (a) Informant Arthur Rhiel

(b) Address Potosi Mo.

17. (a) Potosi Mo. (b) Date thereof 5-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director C. L. Sparks

(b) Address Potosi Mo.

19. (a) May 21, 1945 (b) Mrs. D. E. Howard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Potosi  
(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 May day 16  
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-17-45, 19\_\_\_\_, to 5-16-45, 19\_\_\_\_;  
that I last saw her alive on 5-16-45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral bronchial pneumonia

Due to Coronary Thrombosis

Due to Multiple neuritis

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 5-17-45

1365

RECEIVED

District Health Officer No. 4  
District File Number 645-674  
Date Filed 6-6-45

AUG 3 1945

AUG 21 1945

NOV 14 1951

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 *Everett Spahr*

Licensed Embalmer No. 4287

P. O. Address *71st Ave No 10*

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.