

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

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

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. 737 W. Harmony
(If rural, give location)

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

3. (a) PRINT FULL NAME AMANDA TOWNSLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from several years
_____ 19____ to July 1, 1945
that I last saw her alive on July 1, 1945
and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife S. P. Townsley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to arterio-sclerosis

Due to _____

Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

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

80	3	29	hr. _____ min. _____
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9. Birthplace Claremont Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joe Blanchard

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

14. Maiden name Mary Hill

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

16. (a) Informant Gleeta Dodd
(b) Address Neosho

17. (a) Burial (b) Date thereof 7-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2nd St. Cemetery

18. (a) Signature of funeral director Chas. M. Duray
(b) Address Neosho, Missouri

19. (a) 7-7-45 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

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 J. A. Guthrie (M.D. _____)
Address Neosho, Missouri Date signed July 7 1945

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

SEP-25 1945

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.

RECEIVED JUL 26 1945

District Health Officer No.....

District File Number 745-127

Date Filed JUL 26 1945

Signed.....

Licensed Embalmer No. 3566

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.