

FILED MAR 4 1946  
Registration District No. 378

Primary Registration District No. 6264

Registrar's No. 5.

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Rural - Cedar Creek 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Ste Genevieve  
(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 Feb day 1  
year 1946 hour 8 minute 55 M.

21. I hereby certify that I attended the deceased from August 195 to Feb 1 1946;  
that I last saw him alive on last August and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration 1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (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 John F Wagner (M. D. or other) Me. D.  
Address Irrevel, Mo Date signed 2-2-46

3. (a) PRINT FULL NAME Elizabeth Ann 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 W. 2  
6. (b) Name of husband or wife George Townsend 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 15 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mason County Texas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Caleb Cordell  
13. Birthplace Mason Co., Texas (City, town, or county) (State or foreign country)  
14. Maiden name JANE Smith  
15. Birthplace Mason Co., Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Pahan

(b) Address Cascade, Mo.

17. (a) Burial (b) Date thereof Feb. 3, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Twidwell Cemetery

18. (a) Signature of funeral director William Coker

(b) Address Piedmont, Missouri

19. (a) 2-28-46 (b) Mabel Beasley (Date received local registrar) (Registrar's signature)

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

7261

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.....

*Code Funeral Home*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William Code*

Licensed Embalmer No.....

*3723*

P. O. Address.....

*Piedmont, N.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.**