

S. No. 2  
M-2-43  
5-17-39  
P-I X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17878

State File No. \_\_\_\_\_

**FILED JUN 11 1946**

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 173

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 yrs. 6 mos. 3  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94  
(c) City or town St. Louis 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country: England

3. (a) PRINT FULL NAME WALTER TOWNSEND

3. (b) If veteran, name war Boer War 3. (c) Social Security No. None

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

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

7. Birth date of deceased Unknown 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 79 hr. min.

9. Birthplace Abingdon, Berks England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation No fixed occupation.

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

12. Name Unknown

13. Birthplace Abingdon, Berks England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Abingdon, Berks England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Berl Miller

(b) Address Farmington, Missouri

19. (a) 5-23-46 (b) Ether Ruddleff  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10<sup>th</sup>  
year 1946 hour 11 minute 59 A.M.

21. I hereby certify that I attended the deceased from April 1<sup>st</sup> 1946, to May 10 1946  
that I last saw him alive on May 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chr Myocarditis Duration 5 yrs

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

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

Other conditions Typhoid 4 days  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 95%  
Of autopsy No 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)  
Means of injury \_\_\_\_\_

23. Signature James L. Koch (M. D. or other) \_\_\_\_\_  
Address Farmington Date signed 5/10/46  
mo.

249 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 646-2246  
Date Filed 6-10-46

not paid

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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.....

not embalmed..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... Paul D. Neal.....

Licensed Embalmer No. 4120.....

P. O. Address..... Lanham, Md......

**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.**