

S. No. 2
M-5-43
7. 5-17-39
I X36671

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

20551

State File No. _____

FILED JUN 20 1946

Registrar's No. 2542

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community 63 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3539 Central Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. DAISY SCHAEFER TOWNSEND

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Amos Townsend

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

7. Birth date of deceased December 17th 1882
(Month) (Day) (Year)

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

63 45 20 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Schaefer

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

14. Maiden name Margaret Gliem

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

16. (a) Informant Mrs. Joseph J. Collins

(b) Address 3539 Central Street

17. (a) Burial (b) Date thereof 6 / 10 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 6-8-46 (b) Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 2:10 minute P.M.

21. I hereby certify that I attended the deceased from May 31, 1946 to June 7, 1946
that I last saw her alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 7 day
Duration

Due to Hypertension several yrs.

Due to _____

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

Major findings: None 830

Of operations _____

Of autopsy no

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 J. J. Rainwater (M. D. or other) _____
Address 1043 Grand Ave. Mo. Date signed 6/8/46

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

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..... *Emil C. Wedelin*.....

Licensed Embalmer No. *3495*.....

P. O. Address, *H. C. Mo.*.....

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.

730 MAR 31 1958