

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

FILED APR 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 481

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2611 Seneca /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years -
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2611 Seneca
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Warren Edward Townsend

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rose I. Townsend
6. (c) Age of husband or wife if alive. 31 years (Day) (Year)

7. Birth date of deceased January 31 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 11 hr. min.

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

10. Usual occupation Live Stock Trader

11. Industry or business St. Joseph Stock Yards

12. Name John Townsend

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

14. Maiden name Alta Kent

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

16. (a) Informant James H. Townsend

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/5/47
(Burial, cremation, or reposal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Neaton Bowma
(b) Address St. Joseph, Mo.

19. (a) 4-8-47 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 22 1947 to April 2 1947
that I last saw him alive on March 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerosis
Coronary sclerosis
Due to Coronary occlusion 3-22-47
Due to 7-2-47

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
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 H. C. Jenkins M.D. M. D. or other
Address St. Joseph, Mo. Date signed 4-2-47

MAY 21 1948

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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address St. Joseph, 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.