

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 minutes
(Specify whether years, months or days)
 In this community 58 years

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. 120 1/2 Illinois Ave
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles M. Townsend
 3. (b) If veteran, name war no
 3. (c) Social Security No. 487-01-5155

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 26
 year 1947 viewed 10 minute P M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife America 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased May 21, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 26th, 1947, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Thrombosis
 Duration _____

9. Birthplace Avenue City, Mo.
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Stockbuyer

Other conditions 94A
(Include pregnancy within 3 months of death)

11. Industry or business Poe Bros Livestock Com Co

Major findings: Of operations _____
 Of autopsy _____

12. Name John Townsend

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Alta Kent
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs America Townsend

(b) Address 120 1/2 Illinois St, St. Joseph, Mo

17. (a) Burial (b) Date thereof 4-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 5-7-47 (b) L. B. Jenkins
(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?
(Specify type of place)

While at work? _____ (g) Means of injury _____

23. Signature B. W. Tadlock (M. D. or other) 3

Address KING HILL BLDG Date signed 5/7/47
St. Joseph, Mo

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

MOTHER FATHER

MAR 8 1948

NOV 30 1956

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..... *Victor J. Barry*

Licensed Embalmer No. *4212*

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.