

S. No. 2
M-5-43
v. 5-17-39
I X34671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17655
Registrar's No. 2204

Registration District No. 119 Primary Registration District No. 1002

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

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:
4140 Highland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether 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. 4140 Highland Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS IRENE MARIE 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 Married

6. (b) Name of husband or wife Glover B. Townsend

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: August 10, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Lincoln Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Stephen Jackson

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

14. Maiden name Pheta Ann Matthews

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Glover Townsend

(b) Address 4140 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 5-19-47 (Date received local registrar)

(b) E. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1947 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 16, 1947, to May 17, 1947, that I last saw her alive on May 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Duration 2 years

Due to Edema of the lung 3 days

Due to _____

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

PHYSICIAN

Major findings: Of operations 928

Of autopsy _____

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 W. M. Graham (M. D. or other) _____

Address 1518 Argyle Blvd Date signed 5-17-47

Original Copy

JUN 3 1947

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.