S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 746

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 34768

Registrar's No. 378

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution SCOTT SCOTT-CHIROPRACTORS INDEPENDENCE
208 2 WEST LEXINGTON 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 19 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 16
(c) City or town KANSAS CITY 76
(If outside city or town limits, write "RURAL")
(d) Street No. 4914 EAST 31ST STREET 3
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country -----

3. (a) PRINT FULL NAME JAMES WILLIAM TOWNSEND
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. MYRTLE TOWNSEND
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased MARCH - 15 - 1889
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	7	0	hr. min.

9. Birthplace BURTON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation ROUTE CLERK
11. Industry or business SUNSHINE BISCUIT INC LOOSE-WILES
MOTHER FATHER
12. Name JOHN ALLEN TOWNSEND
13. Birthplace UNNNOWN (City, town, or county) (State or foreign country)
14. Maiden name ESTELLA SHERMAN
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant MRS MYRTLE TOWNSEND
(b) Address 4914 E 31ST STREET
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof OCT-18-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 - BROOKCREEK BLVD.
19. (a) 10-16-47 (Date received local registrar) (b) [signature] (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 15th year 1947 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from Coroner, 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Hypertrophy of heart	
Due to: Myocardial fibrosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: yes as above	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature [signature] (M. D. ~~or other~~) Coroner
Address 1414 [illegible] Date signed 10-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1941

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 E. Oscar Anthony

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.