No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37199

Registration District No. FILED DEC 8 1947

Primary Registration District No. 1000

Registrar's No. 1423

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 422½ So. 6th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 422½ So. 6th 7
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kent Townsend

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 3, (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	69	3	26	hr. min.

9. Birthplace Troy (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation carpenter

11. Industry or business self

FATHER
12. Name Howard Townsend
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Alta Kent
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Beulah Townsend
(b) Address 422½ So. 6th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 12-5-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Viewed Nov 29th 1947, 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 Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

9+B

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) 3

While at work? (e) Means of injury

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

Address King Hill Bldg St. Joseph, Mo. Date signed 4/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Joseph Weyland Jr. Registered Apprentice No. 444 working under my personal supervision.

Signed Frank A. Brennan

Licensed Embalmer No. 1710

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.