No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39159

FILED DEC 4 1947

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 402

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hours (Specify whether
In this community: 3 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Kansas (b) County: Wyandotte 14
(c) City or town: Bethel (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Paul Raymond Townsend
3. (b) If veteran, name war: World War II
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Barbara Townsend
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: November 28, 1917 (Month) (Day) (Year)

8. AGE: Years 29 | Months 11 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace: Kansas City, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: Transportation

FATHER
12. Name: Paul C. Townsend
13. Birthplace: Bethel, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mabel I. Miller
15. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Paul C. Townsend (father)
(b) Address: Kansas City, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Kansas
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Missouri
19. (a) 11-25-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1947 hour 3:48 minute A. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner Nov. 25, 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: Skull fracture, left temporal	
Internal injuries	
Due to: Automobile collision	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1 noc 8
Of autopsy: none 2

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): Accident 132
(b) Date of occurrence: Nov. 25, 1947
(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? Public highway (Specify type of place)
While at work? no (e) Means of injury: Auto accident 2
23. Signature: Dr. K. L. Holden (M. D. or other) D.O.
Address: 315 Ig. Bldg. Sedalia, Mo. Date signed 11/25/47

Jefferson City Printing Co. 221 (Licensed Embalmer's Statement on Reverse Side)

S. H. P. Coll. with other coroner N. Dehull

RECEIVED
District Health Officer No. 8,
District File Number
Filed 12-3-47
JUN 30 1948

JUN 28 1949

DEC 11 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 Warren K. Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.