No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40984

Primary Registration District No. 1000

Registrar's No. 1488

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town R. F. D. # 3, Wathena 14
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #3, Wathena 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Clara Mae Townsend
3. (b) If veteran, name war No
3. (c) Social Security No. 500-07-3286
4. Sex fem
5. Color or race wht.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arley
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb. 25 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	9	21	hr. min.

9. Birthplace Andrew Co Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George H. Violett
13. Birthplace unk Ky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy A. Hixon
15. Birthplace Andrew County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Arley Townsend
(b) Address R.F.D/#3, Wathena, Kans.
17. (a) Removal (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Missouri
18. (a) Signature of funeral director Stauer Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 12-22-47 (b) E. C. Jenkins 242
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1947 hour 6 minute 10 a.m.
21. I hereby certify that I attended the deceased from 11/29 1947 to 12/15 1947
that I last saw her alive on 12/15 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cash of pancreas Suppurative	11/21/47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
Of autopsy No	

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 0
23. Signature Frank Hardegan (M. D. or other)
Address 620 Vernon Date signed 12/16/47
St Joseph, Mo.

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

Dr. Houtegan

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 Charles M. Herman, Registered Apprentice No. 450, working under my personal supervision.

Signed John Roy Stone

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.