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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11527

Primary Registration District No. 4049

Registrar's No. 13

1. PLACE OF DEATH:
(a) County Boone
(b) City or town CENTRALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ^
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Boone 10
(c) City or town CENTRALIA 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmett Ernest Townsend
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lou Townsend
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June (Month) - 3 (Day) - 1872 (Year)
8. AGE: Years 75 Months 10 Days 14 If less than one day hr. min.
9. Birthplace Centralia (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Decorator
11. Industry or business
FATHER 12. Name John Townsend
FATHER 13. Birthplace Rockport (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name SARAH Peterson
MOTHER 15. Birthplace Rockport (City, town, or county) Illinois (State or foreign country)
16. (a) Informant MRS. Emmett Townsend
(b) Address CENTRALIA, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation CENTRALIA Cemetery
18. (a) Signature of funeral director PAUL HALLEW
(b) Address CENTRALIA, MISSOURI
19. (a) April 20/19 48 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from Sept. 29, 1947 to April 17, 1948 that I last saw him alive on April 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	1 day
Due to: Arterial hypertension	2 yrs
Due to: Arteriosclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. Lachance (M. D. or other) M.D.
Address Centralia, Mo. Date signed 4-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 22 1948

MAY 7 1948

MAY 11 1948

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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.