. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15137

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 51

100
5
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sunset addition 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100

(c) City or town Sikeston, Missouri. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DORZALA TOWNSEND

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April (Month) 12 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Sikeston, Scott Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

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

MOTHER
14. Maiden name Lucelle Turells
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Haukins
(b) Address Sikeston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation SunSet Cemetary

18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Mo.

19. (a) 4-20-48 (Date received local registrar) (b) Mrs T F Henry (Registrar's signature) 3/3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from — , 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 Born Pre-maturally	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

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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 Orville Taylor Coroner (Mr. or other)

Address Sikeston Mo Date signed 4-16-48

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

RECEIVED
District Health Office No.
District File Number 48-52
Date Filed 9-21-48

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.

Body not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.