FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20093

FILED JUN 16 1948

Registration District No. 115 — Primary Registration District No. 5715 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County McDonald White Rock
(b) City or town Jane, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community None
years, months or days)

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

3. (a) PRINT FULL NAME Carl Townsend
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 8th (Day) 1879 (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Larue (City, town, or county) Ark (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Same
FATHER
12. Name Jim Townsend
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Rose Dutton
15. Birthplace War Eagle (City, town, or county) Ark (State or foreign country)
16. (a) Informant Irene Day
(b) Address Washburn, Mo.
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 4-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation War Eagle
18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville Mo.
19. (a) 6-5-48 (Date received local registrar) (b) Mr. B. E. Bradley (Registrar's signature) 174

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7th year 1948 hour 7 minute 20 P 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	
Internal Hemorrhage	
Due to	
Due to Crushed Chest	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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
(b) Date of occurrence 4-7-48
(c) Where did injury occur? Jane, McDonald, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Highway (Specify type of place)
While at work? No (e) Means of injury Auto Col.
23. Signature R. M. Humphrey (M. D. or other) Coroner
Address Pineville, Mo. Date signed 4-10-48

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

Coll. With Pedestrian

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

RECEIVED
District Health Officer No. 8
District File Number 648-673
Date Filed JUN 15 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 Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pittsville, Md.

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.