

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>St. Francois, Hy. 677</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Randolph</u>		c. CITY OR TOWN <u>Desloge</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>106 N 5th. Street 0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elmer Lee</u>	b. (Middle)	c. (Last) <u>Townsend</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1955</u>
-------------------------------------	-----------------------------	-------------	---------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 16th. 1933</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>16</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>24</u> Min.
--------------------	-------------------------------	--	---	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Attending School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Desloge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Charles W. Townsend</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Dudley Townsend</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 3/1953 - 3/1955</u>	16. SOCIAL SECURITY NO. <u>495-34-6769</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Charles Townsend Desloge, Mo</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH
	*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Coroner Jury Verdict; as the result of an auto accident on Highway near the R.F.M.O.</u>		
	DUE TO (c) <u>result of an auto accident on Highway near the R.F.M.O.</u>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Radio Station</u>	8234 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway Randolph Twp. St. Francois Co. Mo.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Desloge, Missouri</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 10, 1955</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW AND INJURY OCCUR? <u>automobile injury while driving west during his bridge adjustment.</u>
--	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Beryl Muller</u>	23b. ADDRESS <u>Carroll Farmington Mo</u>	23c. DATE SIGNED <u>12/13/55</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Pk.</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>G.Z. Boyer &amp; Son Desloge, Mo.</u>
---	---	---

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

MAR 5 1956

7FC 53

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Hustoge*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.