

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7105  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jasper Registration District No. 411  
(b) Township \_\_\_\_\_ Primary Registration District No. 2007 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. St. John's Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES GREENWOOD Townsend, Jr.  
(a) Residence, No. 904 Central St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Townsend  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1886  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 3 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

FATHER  
13. NAME James G. Townsend  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER  
15. MAIDEN NAME Mary (Unknown)  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. Alice Hinia 904 Central, Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE March 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary Joplin, Mo.

20. FILED 3-9-38 Ed J. James 372 (Address) Joplin, Mo.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1938  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on March 4, 1938 Death is said to have occurred on the date stated above, at 2 P. M. 4/7/38  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset \_\_\_\_\_  
Other contributory causes of importance: Arteriosclerosis  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) A. W. Winchester, Coroner M. D.  
Joplin, Mo.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. M. Jones

L. E.

No. 2319 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No. 3574

**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.)**