

REC'D AUG = 1939

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

25223
Do not use this space.

1. PLACE OF DEATH

(a) County CANKAWAY Registration District No. 104
(b) Township FULTON Primary Registration District No. 3008
(c) City FULTON (d) Street No. _____ 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

BEN HOEKADAY TOWNSEND
(a) Residence, No. _____ 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 SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 12, 1910
7. AGE YEARS 29 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. REAL ESTATE SALESMAN
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) FULTON (STATE OR COUNTRY) MISSOURI

13. NAME N. H. TOWNSEND

14. BIRTHPLACE (CITY OR TOWN) FULTON (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME MARGARET WESTBROOK

16. BIRTHPLACE (CITY OR TOWN) BOONE COUNTY (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) HERBERT TOWNSEND
FULTON MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE FULTON DATE July 16, 1939

19. FUNERAL DIRECTOR (NAME) Glen Y. Maupin (ADDRESS) 700 Court St Fulton, Mo.

20. FILED July 15, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr. 1939 to July 14, 1939
I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 12:30 P. M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Sympathetic leukemia (acute)
Date of onset 7-11
5-15-39

Other contributory causes of importance: 7/2/39

Name of operation none Date of _____
What test confirmed diagnosis? Blood count as there an autopsy? no

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? no
If so, specify _____
(Signed) John J. Brown, M. D.
J. Fulton, M.D. (Address) 106

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.

14
2
22

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.....

John D. Batchelder, Registered Apprentice No. *192*
working under my personal supervision.

Signed..... *Glen Y. Maupin*
Licensed Embalmer No. *2725^F*
P. O. Address..... *Fulton, 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, above space should be left blank.