

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7139 Lydia Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 70 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Virginia Duke Townley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Benjamin Woodward Townley 6. (c) Age of husband or wife if -- years

7. Birth date of deceased August 31 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>22</u>	hr. min.

9. Birthplace Independence Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

12. Name John P. Duke, Sr.

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gill

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Duke, Sr.

(b) Address 7139 Lydia St.

17. (a) Burial (b) Date thereof 11/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director D. M. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-22-1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7139 Lydia  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd  
 year 1940 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 21  
 1939, to Apr - 21, 1940

that I last saw her alive on Apr 21, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to arteriosclerosis

Due to 10/10

Other conditions 10/10  
(Include pregnancy within 3 months of death)

Major findings: Of operations --

Of autopsy none

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? --

While at work? -- (Specify type of place) (e) Means of injury 1

23. Signature J. E. Kuffelberg (M. D. or other)

Address 934 1/2 E. 12th St. St. Louis Date signed 4-22-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

934  
11-12, 1918-3:30  
Allyce Boyd

**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 Kenneth Ray Sipe  
Licensed Embalmer No. 4128  
P. O. Address 1309 Brush Creek K.C. 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.