DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36489

Registration District No. 798 Primary Registration District No. ~~6042~~ 4418 Registrar's No.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Nelson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 93 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Nelson
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Victorine Townsend
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Townsend
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1847 (Year)

8. AGE: Years 92 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Arrow Rock (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business ✓
FATHER
12. Name Joseph Furr
13. Birthplace Lowden Co. (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name Mary Barnes
15. Birthplace Lowden Co. (City, town, or county) Va. (State or foreign country)
16. (a) Informant's own signature Frank H. Higginbotham
(b) Address 4127 Brooklyn Ave. K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Mo.
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo.
19. (a) Apr. 9 1940 (Date received local registrar) (b) E. L. Chiswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1940 hour 7 P.M. minute M.
21. I hereby certify that I attended the deceased from , 1937, to Apr 7, 1940 that I last saw her alive on Apr 7 1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Carcinoma	
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Stringer (M. D. or other) 1
Address Nelson Mo. Date signed 4/9/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jas H. Lewis, Registered Apprentice No. ....., working under my personal supervision.

Signed Jas H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall

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.