

FILED MAY 9 1941

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

14145

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township _____ Primary Registration District No. 5009 Registered No. 15-3/6
 (c) City _____ (d) Street No. 125 Southwest 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. 1/1

2. PRINT FULL NAME

LOREN OSBARK TOWNSEND
 (a) Residence, No. Cape Girardeau St. 125 (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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture
 9. Industry or business in which work was done, as saw mill, bank, etc. Business
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville, Ind

FATHER 13. NAME Wm R. Townsend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 Kentucky

MOTHER 15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Mrs Maude Townsend
Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 4-18-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brents - Nowell
Cape Girardeau, Mo

20. FILED 4-16 1941 Jim Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1941

22. I HEREBY CERTIFY, that I attended deceased from Feb 1 1941, to Apr 16 1941

I last saw h.i.m. alive on Apr 16 1941 Death is said to have occurred on the date stated above, at 8:07 a.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Collapse
Acute Alcoholism

Date of onset
4-16-41

Other contributory causes of importance:

Cholecystitis
Epilepsy

2 yrs
6 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? _____

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) T. E. Ruff M. D.

(Address) Jackman Mo

JUL 18 1941

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.....

Joe B. Howard

Licensed Embalmer No. *3390*

P. O. Address *Cape Girardeau 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.