

Registration District No. 184

Primary Registration District No. 5255

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Christian, Mo.
(b) City or town Ozark, Mo.
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

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

3. (a) PRINT FULL NAME Charles A. Townlain
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March, day 29, year 1941, hour 10, minute 30 A.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced. Married
6. (b) Name of husband or wife Mrs. C. A. Townlain 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 16 1898 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 45, Months 6, Days 13, If less than one day _____ hr. _____ min.

Immediate cause of death Gun shot wound in chest

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

Date to Coroner Jury Verdict in the Honor of Frank Whitlock
Due to _____

10. Usual occupation Laborer Saw Mill

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Saw Mill

Major findings: Of operations _____

12. Name Jim Townlain

Of autopsy _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Townlain

(b) Address Ozark, Mo.

17. (a) Burial (b) Date thereof April 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director O. B. Chaffin

(b) Address Ozark, Mo.

19. (a) June 1 1941 (Date received local registrar) (b) L. L. Leonard (Registrar's signature)

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 _____
23. Signature B. C. Klepp (M.D. or other) Date signed 3/29/41

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

166
RECEIVED

District Health Officer No. 6,

District File Number 641-956

Date Filed JUN 14 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.....

T. B. Chaffin

Licensed Embalmer No.....

2192

P. O. Address.....

Ozark, 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, fact should be so stated above.

Registration District No. 184

Primary Registration District No. 2253

Registrar's No.

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Smiley Twp.
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Chas a Tournalain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 6 13 hrs. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound in chest. Duration _____

Due Coroners jury verdict for the death of Frank Whitlock

Due Whitlock was shot by Sun Light
Other conditions: Frank Whitlock (include pregnancy within 3 months of death)

Major findings: Sun Light PHYSICIAN

Of operations: 166
Of autopsy: _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: He was shot

(a) Accident, suicide, or homicide (specify): Shot by

(b) Date of occurrence: Frank Whitlock Christian 1941

(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? Farm

While at work? Yes (Specify type of place) _____ (e) Means of injury: Gun shot

23. Signature: B. E. Klipper Coroner (M.D. or other)

Address: Frank Whitlock Date signed: 7/21-41

SUPPLEMENTARY

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

