

11724

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 718

Primary Registration District No. 5948

Registrar's No. 32

1. PLACE OF DEATH:

(a) County. Putnam

(b) City or town. Rural - Wilson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether)

In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Putnam ⁵⁶

(c) City or town. Unionville, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MYRON S. TOWNE

3. (b) If veteran, name war. No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife. Ethel H. Towne

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 6 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 5 16 hr. _____ min.

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

10. Usual occupation Auto Repairer

11. Industry or business Garage

MOTHER FATHER

12. Name Myron S. Towne

13. Birthplace Do Not Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stewart

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

16. (a) Informant's own signature. Gary Gordon

(b) Address 7610 New Hampshire, Hammond, Ind.

17. (a) Burial (b) Date thereof, March 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director. Comstock Funeral Home

(b) Address Unionville, Mo.

19. (a) 2/24/1942 (b) O. J. Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 4
1942 to March 18, 1942
that I last saw him alive on March 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Hemiplegia

Due to chronic renal and cerebral disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 12/10

Of operations _____

Of autopsy _____

Duration 2/4/42

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. Gilman (M.D. or other) D.D.

Address Unionville, Mo. Date signed March 23 1942

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

Rev. 5-17-39

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.

APR 9 1942

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

John N. Comstock

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.