S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2266

Primary Registration District No. 2000

Registrar's No. 69

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 814 N. Campbell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 814 N. Campbell Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: DELLA MAY TOWNES
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: Married
6. (b) Name of husband or wife: C. E. Townes
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: February (Month) 13, (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	10	hr. ..... min.

9. Birthplace: Springfield, (City, town, or county) missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
MOTHER FATHER
12. Name: John McJimsey
13. Birthplace: Poplar Bluff, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Melinda Hendrick
15. Birthplace: Unknown (City, town, or county) UNK. (State or foreign country)
16. (a) Informant: C. E. Townes
(b) Address: 814 N. Campbell Ave., Spfd, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn Cemetery
18. (a) Signature of funeral director: Fred C. Young
(b) Address: 1100 Boonville Ave., Spfd, Mo.
19. (a) 1-23-45 (Date received local registrar) (b) B. W. E. Faulkner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Jan year 1945 hour 8 30 minute a M.
21. I hereby certify that I attended the deceased from Jan, 1945 to Jan 23, 1945 that I last saw her alive on Jan 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Liver	24
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: No

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): No
(b) Place of occurrence (City or town) (County) (State)
(c) Where did injury occur? (Specify type of place)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (e) Means of injury
23. Signature: Fabius T. Williams (M. D. or other)
Address: Springfield Mo Date signed 1-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C Phieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.