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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20809

Registration District No. 206 Primary Registration District No. 5745 Registrar's No.

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown (Ward 1 Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison
(c) City or town Fred (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Moses Townsend
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 Married
6. (b) Name of husband or wife Alice Townsend
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. (Month) 3 (Day) 1871 (Year)
8. AGE: Years 73 Months 7 Days 25 If less than one day hr. min.
9. Birthplace Madison Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business Self
12. FATHER Name unknown
13. FATHER Birthplace unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Dibostian
15. MOTHER Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. Robert Townsend
(b) Address 5608 Howard Omaha Nebr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.
18. (a) Signature of funeral director Mutt Hall
(b) Address 130 South Main Fredericktown
19. (a) June 30 1945 (Date received local registrar) (b) S. C. S. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 8:40 minute P M.
21. I hereby certify that I attended the deceased from June 6 1945, to June 28 1945, that I last saw him alive on June 28 12:30 PM 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremic Poisoning
Final Kidneys or his
Due to Kidneys
Due to Complicated by enlarged Prostate Gland
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 1370

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

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) no
(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 M. D. Barber M. D. (or other)
Address Fredericktown Mo Date signed 6/29/1945

X81 By C. D. Schwegmann (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 745-272

Date Filed 7-3-45

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 B Dell

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.