S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37059

Registration District No. 101 Primary Registration District No. 5402 Registrar's No. 16

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town CLAY TWP RURAL
(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 52 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles Walter Towe

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lydia Anna Towe
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 17 (Day) 1868 (Year)

8. AGE: Years 77 Months 2 Days 7 If less than one day hr. min.

9. Birthplace CANEY (City, town, or county) VIRGINIA (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business GROCERY
FATHER
12. Name FRANK TOWE
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name LARTHENIA PAYNE
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant Medley Towe
(b) Address Mansfield Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Towe Family Cem.
18. (a) Signature of funeral director F. A. Sleffe
(b) Address MANSFIELD MO
19. (a) Sept 30-45 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 24 year 1945 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Mar 12, 1944 to Sept 24, 1945; that I last saw him alive on Aug 22, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Prostate Gland	2 or 3 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 51 b	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. A. Fuson (M. D. ~~or other~~)
Address Mansfield Date signed Mo

1441

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1145-1101
Date Filed NOV 14 1945

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.