

FILED FEB 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 169

Primary Registration District No. 4262

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Knox City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
 (c) City or town Knox City
 (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 _____

3. (a) PRINT FULL NAME Anna Rice Towles

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Cecil Towles 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July - 15 - 1872
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20² If less than one day hr. _____ min. _____

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

10. Usual occupation homekeeper

11. Industry or business _____

MOTHER FATHER } 12. Name Rice McFaden

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

14. Maiden name Jane Hilbert

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

16. (a) Informant Pauline A. Towles

(b) Address Knox City Mo.

17. (a) Burial (b) Date thereof Feb-7-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colony Missouri

18. (a) Signature of funeral director Paul Hudson

(b) Address Edina, Mo.

19. (a) Feb. 9-46 (b) Nelle S. Hummel
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
 year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from May
 1945 to Feb 5, 1946
 that I last saw h. ER alive on Feb 4, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to general debility
 Due to Enlarged Spleen

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

Major findings: Of operations _____

Of autopsy 930

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 Naldo B. Stone (M. D. or other) MD
 Address Knox City Mo Date signed 2/6/46

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

RECEIVED
District Health Officer No. 10
District File Number 2-46-249
Date Filed FEB. 25-1946

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..... *Keith Hudson*

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.