

FILED JUL 11 1946

Registration District No. 1000

Primary Registration District No. 2000

18895
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME NOAH TOWE
 3. (b) If veteran, name war UNK
 3. (c) Social Security No. UNK

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife UNK
 6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased November 17, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>65</u>	<u>7</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name Riley Towe
 13. Birthplace Dixon, Ky. Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Harris
 15. Birthplace Dixon, Ky. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ben. D. Towe (bro)

(b) Address Marionville, Missouri

17. (a) Burial (b) Date thereof June 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Springfield,

19. (a) 6-24-46 (b) O. W. Standley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Willard
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 17
 year 1946 hour 3 minute 150 M.

21. I hereby certify that I attended the deceased from June 15, 1946 to June 17, 1946
 that I last saw him alive on June 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Shock, secondary to fracture right femur received when struck by auto.
 Due to Non-Collision

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

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) Accident

(b) Date of occurrence June 15, 1946, 10:30 PM

(c) Where did injury occur Highway 266 Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public highway
(Specify type of place) (M. D. or other)

23. Signature Don Silsky (M. D. or other) MD

Address Springfield, Mo. Date signed 6-24-46

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..... *C. A. Paul*

Licensed Embalmer No. *3044*

P. O. Address. *Mississippi 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.

98

4