

No. 2
12-45
-17-39
X47070

FILED OCT 17 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 McKinsey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 302 McKinsey
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT JACKSON TOWLES

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb - 11 - 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name William S. Towles

13. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Gooding

15. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gennie Towles
(b) Address 302 McKinsey Moberly Mo.

17. (a) Burial (b) Date thereof Oct 2 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.

19. (a) 10-2-46 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1946 hour 2 minute _____ AM.

21. I hereby certify that I attended the deceased from Coroner's Case, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural, Undetermined

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 H Williams (M. D. or other) _____
Address Moberly Mo. Coroner Date signed 10-3-46

269 (Licensed Embalmer's Statement on Reverse Side) Randolph Co.

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

MOTHER FATHER

MAY 1

1947

NOV 1 1957

RECEIVED
District Health Officer No. 10
District File Number 10-46-1816
Filed OCT 14 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 R. M. Carter
Licensed Embalmer No. 4117
P. O. Address Moberly 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.