

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30450

State File No.

FILED SEP 22 1951

3813

BIRTH NO. 4 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY K.C. CONVALESCENT HOME JACKSON CO.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 23 days
2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE M.O.
b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
d. STREET ADDRESS (If rural, give location) 12th + Rockhurst 3500 North 27th St. Rd.

3. NAME OF DECEASED
a. (First) FLORA
b. (Middle) Estelle
c. (Last) TOWNSEND
4. DATE OF DEATH (Month) (Day) (Year) 9 - 6 - 51

5. SEX FEMALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 1866
9. AGE (in years last birthday) 85
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Norwalk, Ohio
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME S. Ward
13b. MOTHER'S MAIDEN NAME Rebecca J. Carlton
14. NAME OF HUSBAND OR WIFE Jas. Townsend, (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.F. Townsend Jr. Independence, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis
ANTECEDENT CAUSES DUE TO (b) Atherosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2y 2m 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14-51, 1951, to 9-6-51, 1951, that I last saw the deceased alive on 9-6-51, 1951, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Frank P. Laurenzana (Degree or title) MD
23b. ADDRESS 428 S. White Ave
23c. DATE SIGNED 9-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 7/51
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-6-51 REGISTRAR'S SIGNATURE Gertrude Holmes
25. FUNERAL DIRECTOR'S SIGNATURE George C. Carson Independence, Mo.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Floyd Carson

Signed.....
Student Embalmer

Licensed Embalmer No. *4499*

P. O. Address *Ship 5nd*

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.