

RECEIVED 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10171
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township 2 Primary Registration District No. 0001 Registered No. 309
 (c) City St. Joseph, Mo. (d) Street No. 2014 Jones St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. one 23 4

2. PRINT FULL NAME

Nancy Lee McDowell
 (a) Residence, No. 2014 Jones St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
One

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER 13. NAME Lowell McDowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower, Missouri

MOTHER 15. MAIDEN NAME Helen Louise Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Lowell McDowell
2014 Jones St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Mar, 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Meierhofer
1302 Paragon St. St. Joseph, Mo.

20. FILED 3/15 38 H. J. Meierhofer
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938 to March 14, 1938
 I last saw her alive on March 13, 1938 Death is said to have occurred on the date stated above, at 10:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, 3/13/38
Epidural
160 B.
 Other contributory causes of importance: enlarged lobe

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clutch Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Leroy Beck, M. D.
 (Address) King Hill, Mo.
St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)