

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

**25137**  
 Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH *Cole*  
 (a) County *Cole* Registration District No. *213*  
 (b) Township *Jefferson* Primary Registration District No. *5293* Registered No. *212*  
 (c) City *Jefferson City* (d) Street No. *W. 54* St.  
 (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.  
 2. PRINT FULL NAME *Carrie Mc Dowell* *234*  
 (a) Residence, No. \_\_\_\_\_ 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 *F* 4. COLOR, OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm J Mc Dowell*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 19-1867*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*70 9 18*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
 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) *Jefferson City Mo*  
 FATHER 13. NAME *Adam Eckenroth*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*  
 MOTHER 15. MAIDEN NAME *Not known*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT *Mrs Ed Doebrenner*  
 (ADDRESS) *Jefferson City Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Reveries Cemetery* DATE *July 9 1938*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Thos J Gordon*  
*Jefferson City Mo*  
 20. FILED *7/8/1938* *D. Bishop*  
*Lochi Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1938*  
 22. I HEREBY CERTIFY, that I attended deceased from *June 24 1938*, to *July 7 1938*  
 I first saw him alive on *June 7 1938*. Death is said to have occurred on the date stated above, at *3:00 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*1 Hypostated pneumonia* Date of onset *1/21*  
 Other contributory causes of importance:  
*Bright's disease - John - Ch. myocarditis*  
 Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis *Cerebral* 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) *Wm A Dargatzis* M. D.  
 (Address) *Jefferson City 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.

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*Dr Lem Taylor*

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**