

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.

RECORDED MAR 17 1939

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

7143
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township St. Michael Primary Registration District No. 5723 Registered No. 17
(c) City..... (d) Street No..... 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.

2. PRINT FULL NAME

Lee Otis McClowell
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED - (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 1 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
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) French Mills, Madison Co., Mo.

FATHER 13. NAME Cecil McClowell

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

MOTHER 15. MAIDEN NAME Annie Francis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faro, Missouri

17. INFORMANT Cecil McClowell (ADDRESS) Fredericktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE French Mills, Mad Co. DATE Feb 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed H. Mebb, Fredericktown, Mo.

20. FILED Feb 23, 1939 S. C. Blanshults Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939, to Feb 22, 1939. I last saw him alive on Feb 21, 1939. Death is said to have occurred on Feb 22, 1939, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Rheumatic fever
56
Acute endocarditis
Date of onset

Other contributory causes of importance:
Acute endocarditis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) C. W. Delaney, M.D.

(Address) Fredericktown, Mo.

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.