

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 14 1940

Registration District No. 89

Primary Registration District No. 5801

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME Margie Dowdy

8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex F  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3 17 1939  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Matthews Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Raymond Dowdy  
 18. Birthplace Noxall Mo.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary L. Moore  
 15. Birthplace Raymond, Penn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address Matthews Mo. R.F.D. # 3

17. (a) Matthews Mo. (b) Date thereof 2/5/40  
(Serial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston Mo.

19. (a) 3-8-1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
 (c) City or town Matthews Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4  
year 1940 hour 10:00 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from 12-26-39 to 2-4-40  
that I last saw her alive on 2-4-40  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Route Malaisia  
due to malaria  
 Due to \_\_\_\_\_  
Pres Malaria  
 Due to \_\_\_\_\_  
 Other conditions Route Enteritis  
 (Include pregnancy within 3 months of death)

Duration

1 week  
2 months

PHYSICIAN

Major findings:  
 Of operations none  
 Of autopsy none  
 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) no  
 (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 M. Gardner (M. D. or other)  
Address Sikeston Mo. Date signed 2-5-40

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

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.

RECEIVED

District Health Officer No. 2,

District File Number 340-744

Date Filed 3/11/40

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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 Hunter Albritton

Licensed Embalmer No. 2940

P. O. Address Bikston 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, above space should be left blank.**