

FILED JUN 10 1940

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

17888
Do not use this space.

1. PLACE OF DEATH 3

(a) County Buchanan Registration District No. 85

(b) Township 0 Primary Registration District No. 1001 Registered No. 530

(c) City St. Joseph, Mo. (d) Street No. State Hospital No. 2 St. Pattonburg, Mo.
(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 24 yrs. 2 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JESSE PITTS DOWELL

(a) Residence, No. Pattonburg, Missouri St. Pattonburg, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 49 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT State Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital Cem. DATE May 9, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stoney
St. Joseph, Mo.

20. FILED 5/9 40 Wrestlebusch
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939 to May 8, 1940

I last saw him alive on May 7, 1940 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 4-29-40

Other contributory causes of importance:
Multi-focal cellulitis
N.M.D.

Name of operation Emasculated Abdomen Date of 5-4-40

What test confirmed diagnosis? Ch. Was there an autopsy? Yes

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) P. S. Tate, M. D.
(Address) State Hosp. #2 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.

WHILE FILING WITH OBTAINING INK—THIS IS A PERMANENT RECORD

John A. Hurley
County Clerk
Lawrence, Kansas

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.....

John A. Hurley
....., Registered Apprentice No.
working under my personal supervision.

Signed *John A. Hurley*
.....

Licensed Embalmer No. *40650*

P. O. Address *St Joseph 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.