

Registration District No. 625-17109

Primary Registration District No. 3031

Registrar's No. 82

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

1. PLACE OF DEATH
 (a) County Madison
 (b) City or town Madison Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution four days
 (Specify whether _____)
 In this community Lula Fidella
 years, months or days)

3. (a) PRINT FULL NAME Lula Fidella Doves
 3. (c) Social Security No. _____
 3. (b) If veteran, name war _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles P. Doves 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 19 1871
 (Month) (Day) (Year)

8. AGE: Years 68 Months 68 Days 9 If less than one day hr. _____ min. 8

9. Birthplace Shelidan Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Keeper

11. Industry or business _____
 12. Name William Allen Fisher
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name W. Alinda Alice Boyer
 15. Birthplace Shelidan Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Jimmie Doves
 (b) Address Shelidan, Mo
 17. (a) Emmal Britton (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethlehem Cemetery
 18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 751 South Main, Maysville, Mo.
 19. (a) 6-28-1940 (b) Manuel P. Clardy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Shelidan Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 27
 year 1940 hour 6 minute 55 A. M.
 21. I hereby certify that I attended the deceased from 6-22
 _____, 1940, to 6-27, 1940
 that I last saw her alive on 6-27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral embolus Duration _____
 Due to brain concussion; pulmonary embolus; compound fracture of left wrist; fracture right humerus; fracture of left 3d, 4th & 5th ribs
 Other conditions shock; hemorrhage ✓
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) automobile accident
 (b) Date of occurrence 6-22-40
 (c) Where did injury occur? near Pickering, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
551 on highway No. 71 ✓
 While at work? Yes (Specify type of place) (e) Means of injury auto accident
 23. Signature Loren E. Galy (M. D. or other) _____
 Address Maryville, Mo. Date signed 6/27/40

219 m
95

RECEIVED

District Health Officer No. 11;

District File Number 240-1240

Date Filed JUL 15 1940

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.....

W. Dean Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maripolis 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22413**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **625**

Primary Registration District No. **3081**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Madawasky**
(b) City or town **Marionville**
(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.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lula Fidella DOWIS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **6-28-40** (b) **Mamie E. Clardy** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month **6** day **27** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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) (c) Means of injury _____

23. Signature **Loren E. Egley** (M. D. or other) _____
Address **Marionville Mo** Date signed _____

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22413

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 625

Primary Registration District No. 3081

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madawaska
(b) City or town Maryville
(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lula Fidella Dowis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration _____

Due Brain concussion Pulmonary Embolus

Due Fracture of wrists, Fract of left 3-4-8 ribs

Other conditions stroke
(Include pregnancy within 3 months of death)

Major findings: Hemorrhage in
Of operations: 2/10 2/22
Of autopsy: _____

PHYSICIAN
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) Auto accident

(b) Date of occurrence Collision with other automobile

(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 L. E. Egley (M. D. or other) _____
Address Maryville Mo Date signed _____

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

SUPPLEMENTARY