No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1940

State File No. 32922

Registration District No. 930 Primary Registration District No. 5962 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City R.F.D. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Monroe City R.F.D. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph W. Dowell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 20 (Day) 1861 (Year)

8. AGE: Years 79 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer 0

11. Industry or business 0

FATHER
12. Name Samuel Dowell
13. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Malvira Evans
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Tom Dowell
(b) Address Shoutsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkins Cemetery

18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City Mo

19. (a) Sept 23 (Date received local registrar) 1940 (b) J. E. Floyd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1940, to Sept 21, 1940 that I last saw him alive on Sept 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	1 wk
Due to Chronic Valvular Heart Disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 W	

Major findings:
Of operations
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)
(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? (Specify type of place)
65
While at work? (e) Means of injury

23. Signature John H. Tibbs (M. D. or other) 1
Address Monroe City Mo Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1879
Date Filed OCT 9 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~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.