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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1940

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 38245

Registrar's No. 337

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day - Hosp. (Specify whether In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Joyce Earline Dowdy

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wht

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 March (Month) 22 (Day) - 1932 (Year)

8. AGE: Years 8 | Months 8 | Days 15 | If less than one day hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓ 0

FATHER
12. Name Earl Dowdy 0
13. Birthplace Bernie (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Margie P. Robinson
15. Birthplace Bernie (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Earl Dowdy

(b) Address Bernie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Bernie

18. (a) Signature of funeral director V. H. Craig

(b) Address Malden Mo

19. (a) 11-8-40 (Date received local registrar) (b) C. Clatsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1940 hour 6 minute 38 A M.

21. I hereby certify that I attended the deceased from 11-6-, 1940 to 11-7, 1940 that I last saw her alive on 11-6-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Peritonitis	3 days
Due to Ruptured Gangrenous Appendicitis	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

21

Major findings: Of operations As above

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)

While at work? (e) Means of injury

23. Signature A. F. Brookreson MD (M.D. or other)

Address Poplar Bluff Mo Date signed 11-7-40

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted]

, Registered Apprentice No. [redacted]

working under my personal supervision.

Signed Van H. Craig

Licensed Embalmer No. 7850

P. O. Address Malden, Mo

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

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