S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38778

Registration District No. 338 Primary Registration District No. 4201 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Gilman City Mo
(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 43 — 7 — 26 years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Harrison (b) County Co Mo

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

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

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

3. (a) PRINT FULL NAME FRANK B DOWELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Goldie Dowell

6. (c) Age of ~~husband~~ or wife if alive 32 years

7. Birth date of deceased March (Month) 21 (Day) 1896 (Year)

8. AGE: Years 43 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Labor 0

11. Industry or business

FATHER
12. Name John D Dowell 0
13. Birthplace Mercer Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E Brown 0
15. Birthplace Davies Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Goldie Dowell

(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 18 (Day) 1940 (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director W D Hamel

(b) Address Gilman City Mo

19. (a) 12/10/1940 (Date received local registrar) (b) F. O. Oliphant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th year 1940 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from Nov 17, 1940, to Nov 17, 1940; that I last saw him alive on Nov 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage — Duration 4 3/4 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

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)

While at work? (e) Means of injury

23. Signature W L Warren (M. D. or other) MD

Address Gilman City Mo Date signed Dec 9 1940

(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, or by W D Haines, Registered Apprentice No. ..... working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Gilman City 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.