

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43251**

Registration District No. **214**

Primary Registration District No. **5774B**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County Warrick Co.
(b) City or town Rural - near Russellville
(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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warrick
(c) City or town Rural - near Russellville
(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 Dec 23 day
year 1940 hour 9:45 minute 0 M.

21. I hereby certify that I attended the deceased from Dec. 22
1940 to Dec. 23, 1940
that I last saw him alive on Dec. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Appendicitis
with perforation

Duration

1 day

Due to _____
Due to _____ 121

Other conditions Acute Peritonitis 15 hrs
(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) _____
(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?
743
While at work? _____ (Specify type of place)
Cause of injury _____

23. Signature Walter J. Kelle M.D.
(M. D. or other)
Address Russellville Mo Date signed 12/23/40

8. (a) PRINT FULL NAME Grace Marie McDowell

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Jan. 28 1931
(Month) (Day) (Year)

8. AGE: Years 9 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Emma Mc Dowell

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

14. Maiden name Grace Mary Qualls

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

16. (a) Informant next door

(b) Address Russellville Mo

17. (a) Burial (b) Date thereof Dec. 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmie Cemetery

18. (a) Signature of funeral director Thayer Thayer
(b) Address Russellville Mo

19. (a) Dec. 24 1940 (b) Mrs. Madel Prater
(Date received local registrar) (Registrar's signature)

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 us

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. Haged Schubert

Licensed Embalmer No. 2820 - 371

P. O. Address Russellville

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.