

2-3-40
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X23159

FILED JAN 25 1941

State File No.

Registration District No. 879/12

Primary Registration District No. 5960 B

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Ralls

(b) City or town: Jasper TWS RURAL
(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

3. (a) PRINT FULL NAME: WILLIAM HENRY DOWELL

3. (b) If veteran, name war: _____

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: Josie Dowell

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

7. Birth date of deceased: May 9 1856
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>84</u> | <u>7</u> | <u>21</u> | hr. _____ min. _____ |

9. Birthplace: Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

12. Name: William Dowell

13. Birthplace: Saint Knob
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy Hardgrave

15. Birthplace: Saint Knob
(City, town, or county) (State or foreign country)

16. (a) Informant: Perce Dowell

(b) Address: Vandalia Mo

17. (a) Burial (b) Date thereof: Dec 31 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Vandalia Mo

18. (a) Signature of funeral director: W. H. Blair

(b) Address: Vandalia, Missouri

19. (a) Dec 31 1940 (b) R. H. Albert M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls

(c) City or town: Jasper TWS Rural
(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 day 28
year 1940 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 30
_____, 1940, to Dec 28, 1940
that I last saw him alive on Dec 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): 11 yr

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 989

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: W. H. Blair (M. D. 1/26/40)
Address: Vandalia Date signed: 1/26/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-60

Date Filed JAN 7 1941

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

W. B. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia 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, fact should be so stated above.