

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13780

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 days
(Specify whether)

In this community Alfon
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain

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

(d) Street No. 403 E. Union St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mrs. SYLVIA LORANE M'GOWAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 1:30 minute P M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow!

6. (b) Name of husband or wife Charlie McGowan 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug 29 - 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22, 1941, to April 24, 1941; that I last saw her alive on April 24, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 7 28 hr. min.

Immediate cause of death Cerebral Hemorrhage
Apoplexy

9. Birthplace Mexico MO
(City, town, or county) (State or foreign country)

Due to Slight Blood Poison

10. Usual occupation Housewife

Due to Do not know

11. Industry or business _____

Other conditions none
(Include pregnancy within 3 months of death)

12. Name John P. Staples

Major findings:
Of operations none

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

Of autopsy none

14. Maiden name Audrain

15. Birthplace Audrain MO
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McGowan

(b) Address Mexico MO

17. (a) ~~Signature~~ (b) Date thereof Apr 27 - 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mexico MO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? 23

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

18. (a) Signature of funeral director W. C. [unclear]

(b) Address Mexico MO

23. Signature S. C. Adams (M. D. or other) M.D.
Address Mexico MO Date signed 5-26-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-980

Date Filed MAY 20 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 J. E. McPherson

Licensed Embalmer No. 1132

P. O. Address Mexico 2nd

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.