

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 minutes**
(Specify whether
 In this community **1 month 1 day**
years, months or days)

3. (a) PRINT FULL NAME **GARY DEAN M^cDowell**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 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 **MAY 14 1941**
(Month) (Day) (Year)

8. AGE: Years **0** Months **1** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Willis A. M^cDowell**

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

14. Maiden name **Opal Reno**

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

16. (a) Informant **Willis A. M^cDowell**

(b) Address **724 ST. CHARLES, Joplin, Mo**

17. (a) **BURIAL** (b) Date thereof **JUNE 17, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST PARK CEMETERY**

18. (a) Signature of funeral director **THORNHILL-DIXON MORT.**

(b) Address **Joplin Missouri**

19. (a) **6-18-41** (b) **Ed J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JASPER** **49**
 (c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL") **5**
 (d) Street No. **724 ST. CHARLES**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **15**
 year **1941** hour **3:30 P.M.** minute _____ P. M. _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him **DEAD** alive on **June 15** 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Head crushed and neck broken**
 Due to **Automobile accident**
 Due to **two cars met in a head on collision**

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration _____
 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) **Accident**

(b) Date of occurrence **June 15, 41 1941**

(c) Where did injury occur? **Joplin Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 700 public highway
(Specify type of place)

(e) Means of injury _____

23. Signature **R. V. Webster** (M. D. or other) **Coover**
 Address **Carthage Mo** Date signed **June 16 1941**

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

MOTHER FATHER

41-2-610

STATE

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..... *David Dillon*

Licensed Embalmer No. *3898*.....

P. O. Address..... *Joplin, 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.