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FILED AUG 14 1941

Registration District No. 547

Primary Registration District No. 3029

State File No. ....

Registrar's No. 222

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

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution: LEVERING  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS  
(Specify whether)

In this community 0 years, months or days

3. (a) PRINT FULL NAME BENTON BARNES MEGOWN

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, WIDOWED

6. (b) Name of husband or wife MAUD MEGOWN

6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased NOV. 20 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace NEW LONDON MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business "

MOTHER FATHER {

12. Name JOHN MEGOWN

13. Birthplace PITTSBURGH PENN 1  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ELEANOR CONN

15. Birthplace MARION CO. MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche J. Smith

(b) Address 1117 S. Madison, Mo.

17. (a) BURIAL (b) Date thereof JULY 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW LONDON MO.

18. (a) Signature of funeral director Fielder S. ...

(b) Address ... Mo.

19. (a) July 25 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS 08710

(c) City or town NEW LONDON  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 17 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 20, 1941, to July 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured appendix  
Generalized peritonitis

Due to \_\_\_\_\_

Due to 12:11

Other conditions the myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Ruptured appendix & peritonitis

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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. C. Fisher (M. D. or other) 0

Address 1011 B. ... Date signed 7/25/41

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**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 Jane Fields Negron  
Licensed Embalmer No. 4092  
P. O. Address Frankford 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.