

FILLED OCT 13 1941  
399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30745  
Registrar's No. 3502

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trinity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since July 10  
1941 (Specify whether  
In this community Non-Resident  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 989  
(c) City or town Ottawa 18  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21  
year 1941 hour 10 minute 15 P. M.  
21. I hereby certify that I attended the deceased from July 10  
1941 to Sept 21 1941  
that I last saw him alive on Sept 21 1941  
and that death occurred on the day and hour stated above.

Immediate cause of death. Cancer  
Hyperstatic Pneumonia 1 yr  
Due to Stomach

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Cancer back  
of clivus  
Of autopsy \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Frank Morton Dowdy

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nannie Lee Dowdy 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. Oct. 1, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Vermillion Co. Indiana. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Retired

11. Industry or business \_\_\_\_\_

12. Name Mr. Henry C. Dowdy

13. Birthplace Unknown / Ohio (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Laura C. Hood

15. Birthplace Unknown / Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Clay Dowdy

(b) Address Ottawa, Kansas, B F D #2

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery  
Ottawa, Kansas.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 927 Newcomer's Bldg  
9/27/41 (c) M. M. Cro (Registrar's signature)

19. (a) (Date received local registrar) \_\_\_\_\_ (b) \_\_\_\_\_

Duration  
1 yr  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Cro (M. D. or other) \_\_\_\_\_  
Address 1002 Real World Date signed \_\_\_\_\_

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

Mr. Hickok  
Trinity Hoop.  
at 8<sup>30</sup> AM.

**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 C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address K. C. 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.**