

No. 2  
-4-41  
17-39  
X28390

DEC 11 10AM  
Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 2 days  
(Specify whether  
In this community 10 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1 Aurora Mo.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Alfred H. McDowell

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

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary McDowell  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased March 28 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 7 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER

12. Name John McDowell  
13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Kahle  
15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary McDowell

(b) Address R 1 Aurora Mo.

17. (a) Removal (b) Date thereof 11/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenville Ill.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 11-30-41 (b) R.D. Cowan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1  
year 1941 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 30, 1941 to Nov 1, 1941  
that I last saw him alive on Oct 31 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Arterio-sclerosis

Duration 2 1/2 days

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: 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? .....

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

23. Signature Phil Smith, M.D. (M. D. or other) 0

Address 120 W. Pleasant Aurora Date signed 11/1/41

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

416

RECEIVED

District Health Officer No. 6,

District File Number 1241-1798

Date Filed DEC 9 1941

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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 Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**