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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

JAN 13 1942
Registration District No. 725

Primary Registration District No. 5960C

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

1. PLACE OF DEATH:
(a) County Ralls Jasper
(b) City or town Rural Jasper
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 51 years years, months or days

3. (a) PRINT FULL NAME OLLIE I. DOWELL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Dowell 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 1 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Robbing

13. Birthplace Scottsburg Indiana (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Christine

15. Birthplace Scottsburg Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Dowell
(b) Address Center, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brice Cemetery

18. (a) Signature of funeral director Abraham Couch
(b) Address Center, Missouri

19. (a) 12/30/41 (Date received local registrar) (b) Greenlee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County RALLS
(c) City or town RURAL (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 29 year 1941 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Dec 25 1941 to Dec 29 1941 that I last saw her alive on Dec 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 72 days
Coronary Artery Disease

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 108
Of autopsy _____

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 John E. Brown (M. D. or other) _____
Address Paris, MO Date signed 12-30-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. John B. Perry, Mo.

RECEIVED

District Health Officer No. 10

District File Number 1-42-24

Date Filed JAN 9 1942

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.

John B. Perry
Signed *John B. Perry*

Licensed Embalmer No.

P. O. Address.....

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.