DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5769

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community ~~30 yrs~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain

(c) City or town: Vandalia
(If outside city or town limits, write "RURAL")

(d) Street No.: 601 W. Bland St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: George Francis Dowell

3. (b) If veteran, name war:

3. (c) Social Security No.: 492-12-6055

4. Sex: male

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Effie Ann Creech

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: May (Month) 12 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 16 If less than one day hr. min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Blacksmith

11. Industry or business:

MOTHER FATHER

12. Name: John N. Dowell

13. Birthplace: don't know (City, town, or county) Virginia (State or foreign country)

14. Maiden name: Cythe Cowen

15. Birthplace: don't know - State unknown (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant's own signature: J. Dowell

(b) Address: 4900 St. Charles St., New Orleans, La.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MAR 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Vandalia Mo.

18. (a) Signature of funeral director: W. S. Waters

(b) Address: Vandalia, Missouri

19. (a) Mar 4-1942 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 24, 1942, to March 1, 1942, that I last saw him alive on March 1, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular insufficiency	2 hrs.
Due to: Carcinoma of head	
Due to: of pancreas	6 mo.
Other conditions (Include pregnancy within 3 months of death): HBP	
Major findings: Of operations: Carcinoma head of pancreas	
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? (e) Means of injury:

23. Signature: H. D. Keshner M.D.

Address: Mexico Mo. Date signed: 3/1/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

MAR 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.

Signed Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

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, above space should be left blank.