

FILED MAP 2 19427  
Registration District No.

Primary Registration District No. 3036

State File No.

Registrar's No. 237

2  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St Charles

(a) County St Charles

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

(c) Name of hospital or institution St Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARY VIRGINIA DOWELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced Widowed

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

7. Birth date of deceased Aug 31 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Horner Johnson

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

14. Maiden name Sarah Jane Anderson

15. Birthplace Lincoln Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Dowell

(b) Address 359 Mo

17. (a) Burial (b) Date thereof Jan 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alexander Cemetery

18. (a) Signature of funeral director Wayne M. ...

(b) Address 359 Mo

19. (a) 1-10-42 (b) Clarence G. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural  
(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 Jan day 1  
year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan Dec 9<sup>th</sup> 1941, to Jan 1 1942,  
that I last saw her alive on Dec 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 12

Due to Senility

Due to 126

Other conditions Cholelithiasis choleystitis 20 yrs  
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis choleystitis  
Of operations \_\_\_\_\_  
Of autopsy none

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 B. L. ... (M. D. or other) MD

Address St Charles Mo Date signed 1/9/42

**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.....

*Wayne M. McCoy*

Licensed Embalmer No. ....

*35876*

P. O. Address.....

*Troy 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.**