

FILED APR 7 1942

Registration District No. 161

Primary Registration District No. 4456

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

1. PLACE OF DEATH:

(a) County St. Clair
 (b) City or town Appleton City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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. 75 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair
 (c) City or town Appleton City, Mo. 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Rennie Elizabeth McDowell

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

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 Sept 22 1863
 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Zetha Trigg

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

14. Maiden name Mary Ann Warner

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

16. (a) Informant A. L. Bailey

(b) Address Appleton City, Mo.

17. (a) Burial (b) Date thereof Mar. 28 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ronald Pharis Cemetery

18. (a) Signature of funeral director Oscar Edgett

(b) Address Appleton City, Mo.

19. (a) Mar 28 1942 (b) Allyce Davidson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July 1 1940 to Mar 25 1942
 that I last saw him alive on March 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cedema of lung
Heart failure
Chronic bronchitis
Hypertension
gastrointestinal hemorrhage
 Due to Fibroid tumor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131
 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 0

23. Signature A. L. Hamner (M. D. or other) MO
 Address Appleton City, Mo. Date signed 3-27-42

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

RECEIVED

District Health Officer No. 7,

District File Number 4-42-290

Date Filed 4-6-42

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.....

Oscar E. Ekhoff

Licensed Embalmer No. 3942

P. O. Address.....

Appleton City, Wis.

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.