

FILED MAR 26 1942 2
Registration District No. 142 2

Primary Registration District No. 6226

1. PLACE OF DEATH:

(a) County Douglas Wright
(b) City or town Mt. Grove, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clark Lupa,
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community no years, months or days)

3. (a) PRINT FULL NAME Addie Elizabeth McGowan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William J. McGowan 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased November 30 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

12. Name James Lillard
13. Birthplace unknow Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cebie Pool
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William J McGowan

(b) Address Mt. Grove

17. (a) No. 5 Cemetery (b) Date thereof March 4, 1942
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director no

(b) Address

19. (a) March 8, 1942 (b) Mr Charles Cramer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DOUGLAS
(c) City or town Mt. Grove
(If outside city or town limits write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from May
1940, to Nov, 1942

that I last saw her alive on Nov. 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Rheumatism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92 R

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 [Signature] (M. D. or other)

Address 1020 20th St Date signed 3/4
1942

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

RECEIVED

District Health Officer No. 6,

District File Number 342-411

Date Filed MAR 25 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.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12354

Registration District No. 1122

Primary Registration District No. 6226

Registrar's No.

1. PLACE OF DEATH: Wright
 (a) County Wright
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution just at home
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Eddee C. McGowan
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 30 1894
 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant William McGowan

(b) Address Mountain Grove Mo.

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

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director had none

(b) Address _____

19. (a) March 8 1942 (b) Mrs Charles Cramer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Wright
 (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 Mar day _____
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him/her alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-12354 1942