S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14902

State File No.

Registration District No. 539 Primary Registration District No. 4320 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Marquand Twn
(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 (Specify whether
In this community 40 years
years, months or days)

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

3. (a) PRINT FULL NAME SARRAH CATHERN DOWD
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~~ M
6. (b) Name of husband or ~~wife~~ Lee Dowd
6. (c) Age of husband ~~or wife if~~ alive 62 years
7. Birth date of deceased Nov 11 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Bollinger Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henry Mathews
13. Birthplace Bollinger Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name [illegible]
15. Birthplace Marquand Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. O M Miller
(b) Address Fredericktown Mo R 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Rhodes Chapel Marquand
18. (a) Signature of funeral director [illegible]
(b) Address Marquand Mo
19. (a) April 9 1942 (Date received local registrar) (b) S. C. Slaughter By [illegible] (Registrar's Signature)
4811

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1942 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Mar 26 1942 to Apr 7 1942
that I last saw her alive on Tuesday 4/6/1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Age and long Hard Coughing from Flu	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162 P

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 M B Barber (M. D. ~~or other~~)
Address Fredericktown Mo Date signed 4/11/1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542-637
Date Filed 5-15-42

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.....

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.