

FILED OCT 9 1942

State File No.

Registration District No. 71

Primary Registration District No. 4052

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Agency, Mo.
(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 entire life years, months or days

3. (a) PRINT FULL NAME BENJAMIN DOWELL

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Dowell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	5	4	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name George Dowell

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

14. Maiden name Margie Riley

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

16. (a) Informant Trager Dowell

(b) Address Agency, Mo.

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

(c) Place: burial or cremation Agency, Mo.

18. (a) Signature of funeral director H. F. Wundy

(b) Address Agency, Mo.

19. (a) 9/12/42 (Date received local registrar) (b) Opel C. Gerson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Agency (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour _____ minute 30 P M.

21. I hereby certify that I examined the deceased from on Aug 31, 1942, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day
Due to Baeteria sclerosis
general

Other conditions Man died suddenly
(Include pregnancy within 3 months of death)
While working around

Major findings: premortary illness
Of operations no
Of autopsy no
Physician 9 of a
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. F. Wundy (M. D. or other) Crowner
Address 404 So 3d Date signed 9/12/42

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

H. A. Sullivan

Licensed Embalmer No.

1738

P. O. Address

Lower 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.