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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42202
State File No.

Registration District No. 342 Primary Registration District No. 6153 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bell City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 10 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103
(a) State Mo (b) County Stoddard 0
(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.? — years.

3. (a) PRINT FULL NAME Edward Charles Dowler
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 (Month) 28 (Day) 1942 (Year)

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Near Bell City (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation none
11. Industry or business —
FATHER
12. Name Jesse Dowler
13. Birthplace Dunklin Co. (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Dolda Williams
15. Birthplace Dunklin Co. (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Jesse Dowler
(b) Address Bell City, Mo.
17. (a) — (Burial, cremation, or removal) (b) Date thereof — (Month) (Day) (Year)
(c) Place: burial or cremation —
18. (a) Signature of funeral director Not any
(b) Address —
19. (a) Nov 6 1942 (Date received by registrar) (b) M. R. Thrower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1942 hour 1 pm minute — M.
21. I hereby certify that I attended the deceased from one visit Nov 6, 1942, to —, 19—; that I last saw him alive on 11/6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

108

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 C. O. Burnett (M. D. or other)
Address Bell City, Mo. Date signed 11/6/42

1131

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-17
Date Filed 12-17-42

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, above space should be left blank.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42202

Registration District No. 342 Primary Registration District No. 6153 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bell City
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Edward Charles Dowler

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 S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 26 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Jessie Dowler

13. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Golda Williams

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

16. (a) Informant Jessie Dowler

(b) Address Bell City Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof Nov. 6 1942 (Month) (Day) (Year)

(c) Place: burial or cremation 10 day old baby

18. (a) Signature of funeral director not any

(b) Address

19. (a) Nov. 6. 1942 (Date received local registrar) (b) M. R. Thurner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 6 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

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(c) Where did injury occur? (City or town) (County) (State)

(b) 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. D. or other)

Address Date signed

SUPPLEMENTARY