

S. No. 2
M-542
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27880
Registrar's No. 35

SEP 11 1943

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5176

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County Duenden Co
(b) City or town Richland
(c) Name of hospital or institution: Angluige Inn
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Duenden
(c) City or town Richland
(d) Street No. Angluige Inn
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME JOHN MCGOWEN

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
year 1943 hour 9 minute 30 p.m.

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

21. I hereby certify that I attended the deceased from July 25, 1943, to Aug 5, 1943; that I last saw him alive on Aug 5, 1943; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married Divorced, Widowed

Immediate cause of death Uremia Coma Duration 3 days

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive, years 17

Due to Bladder Obstruction 3 years

7. Birth date of deceased NOV 17 1860

Due to Bladder Obstruction 3 years

8. AGE: Years 82 Months 8 Days 18 If less than one day

Other conditions (Include pregnancy within 3 months of death) 155 lb

9. Birthplace Duenden Co. Ind

Major findings: Of operations none

10. Usual occupation Farmer

Of autopsy none

11. Industry or business

12. Name William McGowen

13. Birthplace Duenden Co. Ind

14. Maiden name Centra Morse

15. Birthplace Duenden Co. Ind

16. (a) Informant J. M. McGowen

17. (a) Address Richland Mo

17. (b) Date thereof 8-8-43

18. (a) Signature of funeral director R. B. Deussen

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Orville A. Oliver M.D.

Address Richland Mo Date signed 8/6/43

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

MOTHER FATHER

1337 (Licensed Embalmer's Statement on Reverse Side)

Handwritten notes and stamps at the top of the page, including a date stamp "AUG 10 1943" and other illegible markings.

RECEIVED

Health Officer. No. 7,

8-43-43

9-10-43

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.....

working under my personal supervision.

Registered Apprentice No. 37

Signed.....

Handwritten signature of the licensed embalmer.

Licensed Embalmer No. 3198

P. O. Address: Richmond

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.