

OCT 11 1943

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
415 E. Elm  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community Most of Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")

(d) Street No. 415 E. Elm  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Noah McDowell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie McDowell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 27 1874  
(Month) (Day) (Year)

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

69	0	23	_____ hr. _____ min.
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9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John R. McDowell

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

14. Maiden name Susan Adams

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

16. (a) Informant Annie McDowell

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 0/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Refuge Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Mo.

19. (a) 10/4/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20  
year 1943 hour 4:15 minute P: M.

21. I hereby certify that I attended the deceased from March 1943 to 9-20 1943  
that I last saw him alive on 9-20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Acute 3 mm  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: 130  
Of operations \_\_\_\_\_

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 Kirksville Mo. Date signed 9/24/43

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

RECEIVED

District Health Officer No. 10

District File Number 62-43-166 d

Date Filed OCT 7 1943

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 DE Riley

Licensed Embalmer No. 4181

P. O. Address Kennelwood

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.