

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

ED DEC 4 1943

Registration District No. **372**

Primary Registration District No. **6264**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Webster**
(b) City or town **Wheeler Rural**
(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 _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Thomas McGowan**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married. **2 divorced. Widowed**

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

7. Birth date of deceased **May 9 1988**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 hr. min.

9. Birthplace **Seymour Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joe McGowan**

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

14. Maiden name **Lottie Bass**

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

16. (a) Informant **Clarence McGowan**
(b) Address **Seymour**

17. (a) **Burial** (b) Date thereof **Oct 11, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **No 5: Come**
(d) Signature of funeral director **Relley Ferrell**
(b) Address **Seymour Mo**
(c) **Oct-11-43** (d) **Robert Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8** year **1943** hour **9** minute **0** M.

21. I hereby certify that I attended the deceased from **before cool** 19____ 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 **Asphyxiation**
Due to **Lying on face in loose**
extreme distention
in connection with a fit fight
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy **engorged lungs and stomach, enteritis in**

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **acc drunk**

(b) Date of occurrence **10-9-1943**

(c) Where did injury occur? **Wheeler, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fight on top in room
While at work? _____ (Specify type of place) (e) Means of injury **come**

23. Signature **E. J. Beers M.D.** (M. D. or other) _____
Address **Seymour Mo** Date signed **10-11-43**

RECEIVED

District Health Officer No. 6;

District File Number 1143-1234

Date Filed NOV 30 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.....

[Handwritten signature]
....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. K. Kelley*

Licensed Embalmer No. 3234

P. O. Address *Raymond Ave*

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.