

FILED JAN 10 1944

Registration District No. **336**

Primary Registration District No. **6209**

Registrar's No. **53**

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

**1. PLACE OF DEATH:**

(a) County Texas

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

(c) Name of hospital or institution:  
County Home 5

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ANDREW JACKSON MCGOWN

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 Divorced

6. (b) Name of husband or wife Della

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

7. Birth date of deceased March 22 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>29</u>	hr. _____ min.

9. Birthplace Wright Co. MO. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Buford J. M. G. Gown

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Westcott

15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Jess M. G. Gown

(b) Address Bardonia, Mo.

17. (a) Burial (b) Date thereof 12/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simmons Cemetery

18. (a) Signature of funeral director Gaylord D. Elliott

(b) Address Houston Mo.

19. (a) 12/22/43 (b) Mrs. Ella Duff  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County Texas

(c) City or town Rural Houston  
(If outside city or town limits write "RURAL")

(d) Street No. 2 miles S. of Houston  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 21  
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 20  
\_\_\_\_\_, 1943 to \_\_\_\_\_, 1943;  
that I last saw him alive on Dec 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia,  
unspecified

Duration 12 hours

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:

(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 Chas R. Goss (M. D. or other) MD

Address Houston Mo. Date signed 12/22/43

RECEIVED

District Health Officer No. 5,

District File Number 14437

Date Filed 1 7 44

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**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.**