

FILED MAY 8 1944

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **48**

1. PLACE OF DEATH:  
 (a) County Livingston  
 (b) City or town Chillicothe  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
201 East Polk Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Calvin Sterrett Dowell  
 3. (b) If veteran, name war No 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 Sarah V. Dowell 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased June 7th. 1872  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name John A. Dowell

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

14. Maiden name Judith Ann Jarred

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

16. (a) Informant Mrs Sarah V. Dowell

(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-'44  
 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) April 17 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **59**  
 (a) State Missouri (b) County Livingston  
 (c) City or town Chillicothe  
 (If outside city or town limits, write "RURAL") **2**  
 (d) Street No. 201 East Polk Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th.  
 year 1944 hour 4:50 minute \_\_\_\_\_ A: M.

21. I hereby certify that I attended the deceased from April 14  
 \_\_\_\_\_, 1944 to April 14, 1944  
 that I last saw him alive on April 12, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia ?  
 Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) 173d

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 R. B. Beerman (M. D. or other)

Address Chillicothe, Mo Date signed 4/15/44

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

**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.....

..... E. R. Norman ....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. R. Norman .....

Licensed Embalmer No. 2374 .....

P. O. Address Chillicothe, Missouri .....

**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.**