

Registration District No. 267

Primary Registration District No. 3049

State File No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Hayti
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None

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

(d) Length of stay: In hospital or institution None (Specify whetherIn this community 20 years
years, months or days)3. (a) PRINT FULL NAME Rosie Ellen Dowell3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Luther M. Dowell 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased April 1, 1898
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
46 0 20 hr. min.9. Birthplace Harden County, Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business None12. Name Robert Hunt13. Birthplace Harden County, Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Alice Winchester15. Birthplace Harden County, Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant Luther Dowell(b) Address Hayti, Mo.17. (a) Burial (b) Date thereof 4-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Caruthersville, Mo.18. (a) Signature of funeral director J. D. DeJorge(b) Address Caruthersville, Missouri19. (a) 5-2-44 (b) J. A. Johnson, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Hayti
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. number unknown
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country Citizen of U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1944 hour 9 minute 00 P.M.21. I hereby certify that I attended the deceased from April 19 1944 to April 21 1944
that I last saw her alive on APRIL 21 1944
and that death occurred on the date and hour stated above.Immediate cause of death Uremia

Duration

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 sta-
tistically.

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 J. A. Johnson, Jr. M. D. J. A. Johnson, Jr.
Address Hayti, Mo. Date signed 4/23/44

4-44-102

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

Jack Kelly

Licensed Embalmer No. *3788*

P. O. Address *Hayti mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State File No. May
Registrar's No. 21

Registration District No. 267

Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Haiti
(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)

3. (a) PRINT FULL NAME Rose E. Dowell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased April 1 1944
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 1
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death hemeral poisoning

Due to Chronic nephritis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 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 R. H. Howard (M. D. or other) _____

Address Haiti, Mo. Date signed _____

SUPPLEMENTAL

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

15386