

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18040

FILED JUN 8 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 427

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOHNS HOSPITAL (1)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 3 days
(Specify whether)
 In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County GREENE
 (c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
 (d) Street No. 412 E. Commercial St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME EVERETT F. DOWDEN
 (b) If veteran, name war NONE
 (c) Social Security No. unk.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 16
 year 1944 hour 10 minute 30 M.
 21. I hereby certify that I attended the deceased from
Dec. 10, 1943 to May 16, 1944
 that I last saw him alive on May 16, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death
 Duration

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife LEONETTE N. DOWDEN
 (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased AUG. 28 - 1882
(Month) (Day) (Year)

Major findings:
 Of operations Carcinoma of prostate gland with metastasis to bones & lungs.
 Of autopsy
 Other conditions
(Include pregnancy within 3 months of death)
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 61 Months 8 Days 18
 If less than one day hr. min.

9. Birthplace Washington Co. Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business R.R. Locomotive Engineer

12. Name Unknown

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

14. Maiden name ELIA DOWDEN

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

16. (a) Informant Leonette N. Dowden

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof May 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J.W. Kingner Co.
 (b) Address SPRINGFIELD MO.

19. (a) 5-19-44 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

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)
 Means of injury
 23. Signature Walter Dunell (M. D. or other) MD
 Address Springfield Mo. Date signed 5-16-44

JUL 24 1944

JUN 9 1944

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 *Ray A. Lewis*.....

Licensed Embalmer No. *1763*.....

P. O. Address *Springfield, Mo.*.....

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.

X