

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22260**
80
Registrar's No.

Registration District No. **191A**

Primary Registration District No. **3053**

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

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelle McFarland Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 hr. (Specify whether 0)
In this community Rte 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Rte 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Bell McDowell
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Charles McDowell 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased June 3, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>25</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business
12. Name John Vass
13. Birthplace Dartmouth
(City, town, or county) (State or foreign country)
14. Maiden name Williams
15. Birthplace North
(City, town, or county) (State or foreign country)

16. (a) Informant Chas McDowell
(b) Address Rte 2 Rolla Mo
17. (a) Burial (b) Date thereof June 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rosewood

18. (a) Signature of funeral director James Egan
(b) Address Rolla
19. (a) 6/8/1944 (b) Rolla
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1944 hour 8 minute 9:00 P M.
21. I hereby certify that I attended the deceased from Feb. 1943, to June 8, 1944;
that I last saw her alive on June 8, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac asthma 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 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 James Egan (M. D. or other)
Address Rolla Mo Date signed 6/8/44

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 mi
....., Registered Apprentice No.
working under my personal supervision.

Signed D. L. M. [Signature]
Licensed Embalmer No. 3294
P. O. Address Roller mo

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

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