

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 22 1944
Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town SILVESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital, Silveston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town 6 miles North of New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME O. C. NOWELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife Pearl Nowell 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Nov 8 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 12 If less than one day hr. min.

9. Birthplace UNK. TENN
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business F

12. Name Jessha NOWELL
13. Birthplace UNK Tenn
(City, town, or county) (State or foreign country)
14. Maiden name UNK
15. Birthplace UNK UNK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. O. C. NOWELL

(b) Address KEWANEE, MO

17. (a) BURIAL (b) Date thereof MAY 21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silveston

18. (a) Signature of funeral director Richard and Co

(b) Address New Madrid, Mo.

19. (a) 6/19/44 (b) Levie Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1944 hour 6 minute 45 AM

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

Immediate cause of death Chronic Cordear
Valvular disease Duration 1 yr.

Due to

Due to

Other conditions Labor Pneumonia 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Thomas C. McBlue MD
(Date received local registrar) (D. or other)

Address Silveston, Mo Date signed 5-23-44

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

100
251

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 644-904

Date Filed 6-20-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Leo Hedgespeth.....

Licensed Embalmer No. 1803.....

P. O. Address New Madrid, 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.