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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. \_\_\_\_\_

FILED OCT 29 1944  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4221

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wesley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)  
In this community 25 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 310 E. College (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie May Dowell

3. (b) If veteran name war - NW - 3. (c) Social Security No. 487-12-0416

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 25 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 25 1/2 If less than one day hr. min.

9. Birthplace Olathe Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Power machine

11. Industry or business Luce Trunk Co.

12. Name Thomas Baker

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

14. Maiden name Dent Dow

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

16. (a) Informant Hubert Dowell

(b) Address 208 E. 1st St. Ind. Mo.

17. (a) Burial (b) Date thereof Oct 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Amelny

18. (a) Signature of funeral director O.H. + Mitchell

(b) Address 310 N. Main St. Ind. Mo.

19. (a) 10-21-44 (b) N. C. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 19 Year 1944 hour 107 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 24 1944 to Oct 19 1944 and that I last saw her alive on Oct 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis Chronic Duration 5 yrs

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

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

Other conditions (Include pregnancy within 3 months of death) 93 d.

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 Fred J. Jumper (M.D. or other) Date signed 10-20-44

Address Independence, MO

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

MOTHER FATHER

4838

**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 me

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

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.**