

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35167

FILED NOV 3 1944

Registration District No. 370

Primary Registration District No. 6070

Registrar's No. 191

94000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Francis.
 (b) City or town R. Liberty, Town, Ship.
(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) 1
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 91 years.

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

3. (a) PRINT FULL NAME of John, Sam, Mc. Dowell.
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed.
 6. (b) Name of husband or wife Bell, Hill. 6. (c) Age of husband or wife if alive, 11, 1853 years
 7. Birth date of deceased Jan. 11, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 9 3 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

12. Name Wm. Mc. Dowell.

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

14. Maiden name Sarah, Jacobs.

15. Birthplace Not known.
(City, town, or county) (State or foreign country)

16. (a) Informant pearl Mc. Bride.

(b) Address Farlington, Mo.

17. (a) Burial. (b) Date thereof. Oct. 16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoblick, Mo.

18. (a) Signature of funeral director Cozean, Funearl Home.

(b) Address Farlington, Mo.

19. (a) 10-16-44 (b) James Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 14
 year 1944 hour 10:30 minute a. m.

21. I hereby certify that I attended the deceased from July 1, 1943 to Oct. 14, 1944
 that I last saw him alive on Oct. 12, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia -
bronchial
 Due to Prostatitis + cystitis 6 yrs.

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 G. L. Watkins (M. D. or other)

Address Farlington, Mo. Date signed 10-14-44

Duration 3 da.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

1373

RECEIVED

District Health Officer No. 4

District File Number 1144-4465

Date Filed 11-3-44

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 me

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

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.