. S. No. 2
DM—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

Registration District No. 1997

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36688

Registrar's No. 4657

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community: 1 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: 1409 Admiral Blvd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Dowell, Dudley, jr

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: - - - unk - -

6. (c) Age of husband or wife if alive: unk years

7. Birth date of deceased: July 31st 1944 (Month) (Day) (Year)

8. AGE: Years: 000 Months: 3 Days: 18 If less than one day: hr. min.

9. Birthplace: St Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: BABY

11. Industry or business:

MOTHER FATHER

12. Name: Dudley Dowell Sr

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

14. Maiden name: Marcella Mary O'Konski

15. Birthplace: St Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Dudley Dowell ~~Jr~~ Sr.

(b) Address: 1409 Admiral Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation: St Joseph Missouri

18. (a) Signature of funeral director: Mellody-McGilley

(b) Address: Kansas City Missouri.

19. (a) 11-20-44 (Date received local registrar) (b) W. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th year 1944 hour 9:30 P. minute M.

21. I hereby certify that I attended the deceased from Nov. 19, 1944 to Nov. 19, 1944 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to (Etiology unknown)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: As above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Barrie Sherwood (M. D. or other)

Address: Pathologist St Joseph Hospital, K.C., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.