

FILED DEC 7 1944
Registration District No. 746

Primary Registration District No. 4030

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Golden City
(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)
(d) Length of stay: In hospital or institution.....
In this community 75 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME KATHERINE DOWELL

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, divorced, or widowed

(b) Name of husband or wife Martin S. Dowell 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

MOTHER FATHER { 11. Industry or business

12. Name Simon Meredith

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

14. Maiden name Phoebe Ashbaugh

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

16. (a) Informant Mrs. Lavene Woody

(b) Address Golden City Mo.

17. (a) Burial (b) Date thereof Nov. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F.O.P. Cem. Golden City Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City Mo.

19. (a) 11-24-44 (b) Althea Wetterlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 11, 1944 to Nov 22, 1944
that I last saw her alive on Nov 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left internal carotid artery with gangrene of leg.
Due to.....
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?.....

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 6;

File Number 1244-1281

Date filed DEC 4 1944

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..... *J. H. Rugh*.....

Licensed Embalmer No. *3278*.....

P. O. Address *Golden City, 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.