

Master
S. No. 2
DM-2-43
7-5-17-39
I X35697

FILED DEC 18 1944

Registration District No. **359**

Primary Registration District No. **45.28.1.222**

Registrar's No. **34**

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Rural, McVill Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Oren Joseph Sowl
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 10
 year 1944 hour 11 minute A M.
 21. I hereby certify that I attended the deceased from
Oct, 1943, to Nov 10, 1944

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 68 years

I last saw him alive on Nov 8, 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 15 1870
(Month) (Day) (Year)
 8. AGE: Years 74 Months 4 Days 26
 If less than one day hr. _____ min. _____

Immediate cause of death
Chronic myocardial insufficiency
 Due to General arteriosclerosis

9. Birthplace Darlington Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 932

10. Usual occupation Farming

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lee Cartwright
 (b) Address 1227 4th Ave, Council Bluffs Iowa
 17. (a) Burial (b) Date thereof Nov 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shenandoah Iowa

12. 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 _____

18. (a) Signature of funeral director Allen D. Day
 (b) Address Nevada Mo
 19. (a) 11-14-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature F. L. Martin (M. D. or other) MD
 Address Nevada Mo Date signed 11-14-44

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

Dis. 11-44-1418
Date Filed 12-13-44

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 Allen H. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada 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.