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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14139

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 56

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 1012 East 1st. street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 East 1st. street 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Grovette Mc-Dowell

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Clinton M. McDowell

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased February 19 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	0	28	hr. min.

9. Birthplace Petersburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Tiff G. Spurgin
13. Birthplace Un Simon Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ellen Campbell
15. Birthplace Un Simon Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clinton M. McDowell
(b) Address Mar yville Missouri

17. (a) burial (b) Date thereof 3-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home.
(b) Address Maryville Mo.

19. (a) 3-26-45 (b) Amy Barker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 17-1945, 19 March 11-1945, 19
that I last saw him alive on just after death 3/17/45
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure due to an old myocarditis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Chas F Bell (M. D. or other) M.W.

Address Maryville, Mo. Date signed 3/19/1945

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(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 John W. Price

Licensed Embalmer No. 4231

P. O. Address Maryville 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.