

FILED APR 17 1945

Registration District No. 222

Primary Registration District No. 6000

Registrar's No. \_\_\_\_\_

7000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Rural Jasper Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Center, Missouri R.F.D.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 78 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town (Rural) Cemetr, Missouri R.F.D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jasper Township  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John W. Dowell.

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, Widowed  
6. (b) Name of husband or wife Ollie Dowell. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July, 17, 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer.

11. Industry or business Farm

MOTHER FATHER  
12. Name Lyas Dowell.  
13. Birthplace Ralls Co, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtida Lyder.  
15. Birthplace Ralls Co, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geatsia Enlow.  
(b) Address Center, Missouri.

17. (a) Burolal (b) Date thereof Feb, 5, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adiel Cemetery.

18. (a) Signature of funeral director Clyde Perry

(b) Address Perry, Missouri.

19. (a) 2/5/45 by Mrs. Geatsia Enlow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd.  
year 1945 hour 2:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan. 31 - 45  
to Feb. 3, 1945, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Jan 31 - 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhaging Arteries Duration \_\_\_\_\_

Due to Arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Perry, Mo. (M. D. or other) \_\_\_\_\_  
Address Perry, Mo. Date signed 2/5/45

RECEIVED

District Health Officer No. 10

District File No. 4-45-627

Date Filed APR 13 1945

**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, ~~the~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Clyde Wilsey

Licensed Embalmer No. 3720

P. O. Address Perry, 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.**