S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14370

Registration District No. 24 Primary Registration District No. 3056 Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County: RANDOLPH

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

(c) Name of hospital or institution: McCORMICK HOSPT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MONROE

(c) City or town: HOLLIDAY 64
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME: EPHRAIM S. McDOWELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex: MALE D

5. Color or race: WHITE

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

6. (b) Name of husband or wife: LOULIELIA McDOWELL

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

7. Birth date of deceased: OCT. (Month) 15 (Day) 1876 (Year)

8. AGE: Years 68 Months 4 Days 18 If less than one day hr. min.

9. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation: R.R. STATION AGENT

11. Industry or business: M. K. & T. RY.

MOTHER FATHER

12. Name: WILLIAM WALLACE McDOWELL

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

14. Maiden name: MARY E. WHITE

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

16. (a) Informant: Guy Woods

(b) Address: HOLLIDAY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 5, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: BETHEL CEM. HOLLIDAY

18. (a) Signature of funeral director: Speed & Blakey

(b) Address: PARIS, MO

19. (a) 3/3/45. (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 3 year: 1945 hour: 5 minute: a M.

21. I hereby certify that I attended the deceased from Jan 19, 1943 to March 3, 1945 that I last saw him alive on March 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	1 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 94 N
Of autopsy:

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: 0

23. Signature: G. L. McCormick (M. D. or other) M.D.

Address: Moberly Mo. Date signed 3-3-45

(Licensed Embalmer's Statement on Reverse Side)

1036

APR 20 1945

RECEIVED
District Health Officer No. 10
District File Number 4-45-617
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, ~~or by~~ .....

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

working under my personal supervision.

Signed Dixon L. Keeler

Licensed Embalmer No. 04225

P. O. Address.....

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.