

FILED APR 19 1945
3/6

Registration District No. _____

Primary Registration District No. 6075

Registrar's No. 353

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 16 das.
(Specify whether years, months or days)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 94
(c) City or town Cuba
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES IRVIN DOWLEY

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

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline Myers 6. (c) Age of husband or wife if alive Age Unk. years
7. Birth date of deceased October 26 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Dowley
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Simpson
15. Birthplace Cuba Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 3-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steeleville, Mo.

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

(b) Address Cuba, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 4, 1945 19____, to March 20, 1945 19____, and that death occurred on the date and hour stated above.

that I last saw him alive on March 20, 1945 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration _____

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. Simpson (M. D. or other) 2nd

Address Steeleville, Mo. 4 Date signed 3-25-45

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

400

1072

RECEIVED

District Health Officer No. 4
District File Number 445-526
Date Filed 4-17-45

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

Burl J. Miller

Licensed Embalmer No.

3753

P. O. Address

Farmington, 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.