

U. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17593

State File No. \_\_\_\_\_

FILED JUN 13 1945

Registration District No. 277

Primary Registration District No. 5805

Registrar's No. 28

1. PLACE OF DEATH:  
 (a) County Monroe  
 (b) City or town Rural Jefferson Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Stoutsville R.2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 71Yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Monroe  
 (c) City or town Rural Jefferson Township  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Stoutsville R.E.D.2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sallie E. Dowell  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 13  
 year 1945 hour 8 minute 40A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 29 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1945 to May 13 1945  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhages Duration 2 days  
 Due to Arteriosclerosis

9. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Bailis E. Dowell  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebekah Utterback  
 15. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Jesse Dowell  
 (b) Address Dallas City, Mo  
 17. (a) Burial (b) Date thereof 5/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stoutsville Mo

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 \_\_\_\_\_

18. (a) Signature of funeral director W. B. Davis  
 (b) Address Monroe City, Mo  
 19. (a) 5-17-45 (b) Maum Gaster  
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Brown (M. D. coroner)  
 Address Perreys Date signed 5-16-45

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

009

RECEIVED

District Health Officer No. 10

District File Number 6-45-970

Date Filed JUN-1-2-1945

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 By me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Lessie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.