S. No. 2
OM—2-43
v. 5-17-39
I X356

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

Dr. Albert Martin.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34200

FILED OCT 16 1945

State File No.

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mississippi
(c) City or town East Prairie Mo. (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 MAGGIE MAE GUILL
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Fem.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emanuel H. Guill
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. (Month) 10 (Day) 1876 (Year)

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

9. Birthplace New Madrid Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name William M. Dowdy
13. Birthplace Unknown (City, town, or county) North Carolina (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Emanuel A. Guill
(b) Address East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation W. J. W.
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo
19. (a) 10-2-45 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1945 hour 3.30 minute A. M.
21. I hereby certify that I attended the deceased from April 10, 1945, to Aug. 11 1945 that I last saw her alive on Aug. 8th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Conser Intestinal

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 A. J. Martin (M. D. or other)
Address East Prairie Mo. Date signed 9/3-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number D/S - 313
Date Filed 10-10-46

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 Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, 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.