S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36482

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 16

1. PLACE OF DEATH:

(a) County: ADAIR
(b) City or town: Kirksville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital (Specify whether)
In this community: 7 months 28 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1617 N. Non 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: George Andrew McDowell

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nannie McDowell (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: July (Month) 25 (Day), 1866 (Year)

8. AGE: Years: 79 | Months: 1 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Carrol Co. (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Street Maintenance

MOTHER FATHER
12. Name: John R. McDowell
13. Birthplace: Carrol Co. (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Susan Adams
15. Birthplace: Carrol Co. (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Mrs Nannie McDowell
(b) Address: 1617 N. Non Kirksville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park

18. (a) Signature of funeral director: Lyons Funeral Home
(b) Address: Kirksville, Mo.

19. (a) 10-16-45 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 10
year: 1945 hour: 1 minute: 30 P.M.

21. I hereby certify that I attended the deceased from July 16, 1945, to Sept 10, 1945
that I last saw he alive on Sept 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction — Duration: days
Due to: Ulcerative Colitis — mos.
Due to:
Other conditions: Senile dementia — yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 1220
X Of autopsy: Hemorrhagic & ulcerative colitis - Intestinal obstruction

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

23. Signature: G. F. Hawson (M.D. or other) D.O.
Address: Kirksville, Mo Date signed: 9-10-45

1614

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1954

1947

RECEIVED
District Health Officer No. 10
District File Number 11-45-179
Date Filed NOV 27 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 Bowden Beaty

Licensed Embalmer No. 4379

P. O. Address Kirksville, 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.