S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36995

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 126

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE WEEK (Specify whether years, months or days)
In this community NINE YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town BLACKWATER
(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 JOHN McDOWELL
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE
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 FEBRUARY 2 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 12 If less than one day hr. min.

9. Birthplace BRAZIL (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation RETIRED LUMBERMAN
11. Industry or business LUMBER
MOTHER FATHER
12. Name JOHN McDOWELL
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
14. Maiden name ELIZA McCRACKEN
15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant R. NEWTON McDOWELL
(b) Address BLACKWATER, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation McDOWELL FAMILY CEM.
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) Nov 16, 45 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 14 year 1945 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct 19, 1945, to Nov 14, 1945; that I last saw him alive on Nov 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchi — Duration 3 days
Due to Arteriosclerosis of brain
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy Not reported yet

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 [illegible] (M. D. or other) O M.D.
Address Boonville Date signed 11/15/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-7-45

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.