

**FILED** DEC 29 1945

Registration District No. 295

Primary Registration District No. 4443

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Margueritte Thelma Dowell

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Roscoe Dowell 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased April 13 1899  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Grey  
13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Eula Johnson  
15. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roscoe Dowell  
(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 11/19/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director: Tom B Patton

(b) Address Huntsville, Mo

19. (a) 11-30-1945 (b) Miss D A Bernhart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Huntsville  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17  
year 1945 hour 7:45 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Oct 15 1941 to Nov 17 1945  
that I last saw her alive on Nov 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death CA of P. Breast with metastases to all bones of lung & liver  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration 4 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none 50  
Of autopsy none

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 Dr Dreyer (M. D. or other) MD  
Address Huntsville, Mo Date signed 11/30/45

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

88  
10

RECEIVED

District Health Officer No. 10

District File Number 12-45-1914

Date Filed DEC 20 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.