No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3685

FILED JAN 28 1946

Registration District No. 278 Primary Registration District No. 5953 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural Buffalo Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10 Miles S. N. of Louisiana (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 82

(a) State Missouri (b) County Pike

(c) City or town Rural Buffalo Twp (If outside city or town limits, write "RURAL")

(d) Street No. 10 Miles S. West of Louisiana (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth McDowell

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George McDowell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 5 (Day) 1868 (Year)

8. AGE: Years 77 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name William Creach
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Vandiver
15. Birthplace Hickory County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs E. K. Aderton

(b) Address Clarksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Natus

(b) Address Vandalia Missouri

19. (a) Dec 22 1945 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

M. Fugua
Dist #6. Aud. Co. 2 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21st year 1945 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 20th, 1945, to Dec 21st, 1945, that I last saw her alive on Dec 20th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prostration	
Due to Myocarditis	years
Due to	
Other conditions Bed fast for years from broken hip. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 C. L. Bansbeard (M. D. or other)

Address Paynesville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-182
Date Filed JAN 25 1946

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.