

FILED APR 19 1946

Registration District No. **11**

Primary Registration District No. **5039**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **"Rural" 1 1/2 mi S of Butterfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **---**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **"RURAL"**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 mi S of Butterfield**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Victor Otto McDOWELL**

3. (b) If veteran, name war ******* 3. (c) Social Security No. **500-01-8730**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Winnie McDowell** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Dec. 11th 1887**
(Month) (Day) (Year)

8. AGE: Years **58** Months **3** Days **6** If less than one day **-** hr. **-** min.

9. Birthplace **Cape Fair, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer Farm**

11. Industry or business

12. Name **Zachari McDowell**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Boyd**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. McDowell**

(b) Address **Cassville, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 19, '46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Fair Cemetery**

18. (a) Signature of funeral director **WDRoon**

(b) Address **Cassville, Mo.**

19. (a) **Mar 19-1946** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th**
year **1946** hour **10** minute **30** P.M.

21. I hereby certify that I ~~saw~~ **saw** the deceased from **after**
death occurred 19 **to Mar 18th** 1946:
that I last saw him **alive on** 19 **and that death occurred on the date and hour stated above.**

Immediate cause of death **Apparently a heart attack**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **W. A. McDowell** (S. P. or other)

Address **Monett Mo** Date signed **3-18-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. E.

District File Number 446-457

Date Filed APR 16 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..... *J. C. Canada*.....
Licensed Embalmer No. 4196
P. O. Address Cassville, 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.