

FILED JUN 14 1946

Primary Registration District No. 4281

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town CANTON  
(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 GEORGE CORDEN DOWSLEY

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 widowed

6. (b) Name of husband or wife MARY CATHERINE DOWSLEY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 17 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: CANTON MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name WALTER W. DOWSLEY

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

14. Maiden name CORDELL

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

16. (a) Informant Mr. [unclear]

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 5/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grove

18. (a) Signature of funeral director [unclear]

(b) Address Canton, Mo.

19. (a) 5-20-46 (b) P.W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 9 minute 0-P. M.

21. I hereby certify that I attended the deceased from Feb. 2 1946 to May 15 1946 that I last saw him alive on May 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart

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 [unclear] (M. D. or other)

Address Canton, Mo. Date signed 5/18/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

56  
1  
0

31

RECEIVED

District Health Officer No. 10

District File Number 6-46-1179

Date Filed JUN 13 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 Myself

....., Registered Apprentice No.....  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 4328

P. O. Address.....

**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.**