V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8496

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 8

35 3 1

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(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 —
In this community Eighty Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Malden 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John W Dowdy

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 25 (Day) 1865 (Year)

8. AGE: Years 81 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Stationary Engineer (Retired)

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Boyd Dowdy
(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation MALDEN Cemetery

18. (a) Signature of funeral director Thomas E. Knight
(b) Address Parma Mo

19. (a) 3-15-47 (Date received local registrar) (b) J. E. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 6 am minute M.

21. I hereby certify that I attended the deceased from March 1, 1947 to March 2, 1947 that I last saw h. alive on Mar 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary heart disease	24 hrs
Due to Senile arteriosclerosis	10 yrs
Due to	
Other conditions *(Include pregnancy within 3 months of death)	

Major findings:
Of operations N/A
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 0

23. Signature A W Bailey M D (M. D. or other)
Address Malden Mo Date signed 3/15/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 347-418
Date Filed 3-24-47

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 Wallace R Knight, Registered Apprentice No. 482, working under my personal supervision.

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Parma 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.