V. S. No. 2
100M—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 JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16867

Registration District No. 971 Primary Registration District No. 3012 Registrar's No. 75

24

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Douglas 997
(c) City or town Lawrence 14
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Wisconsin Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Richard Dowdell
3. (b) If veteran, name war WW II
3. (c) Social Security No. Unknown
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Edna Dowdell
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased May (Month) 6 (Day) 1920 (Year)

8. AGE: Years	Months	Days	If less than one day
27	—	17	hr. min.

9. Birthplace — (City, town, or county) Alabama 1 (State or foreign country)
10. Usual occupation Service Station Operator
11. Industry or business Service Station

MOTHER FATHER
12. Name Aggie Dowdell
13. Birthplace — (City, town, or county) Alabama 1 (State or foreign country)
14. Maiden name Mary Ellen Morgan
15. Birthplace — (City, town, or county) Alabama 1 (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration Hospital
(b) Address Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas
18. (a) Signature of funeral director HOPE FUNERAL HOME
(b) Address Excelsior Springs, Missouri
19. (a) 5/26/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1947 hour 11 minute 50 p.m.
21. I hereby certify that I attended the deceased from May 16, 1947, to May 23, 1947; that I last saw him alive on May 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia & Chronic Myocarditis — Unknown
Autopsy Findings:
~~Due to~~ Pyogenic Septicemia, Generalized adenopathy of
~~Due to~~ Mesentery, Lymph lodes, Septic endocarditis, Peritonitis, Enteritis,
~~Other conditions~~ Capsular hepatitis, Septic infarcts of kidneys, Infarction of splein
(Include pregnancy within 3 months of death)
Major findings: ~~Of operation~~
Of autopsy 435

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 — 0
23. Signature QUENTIN CRAMER (M. D. or other) MD
Address Veterans Administration Hosp. Excelsior Springs, Mo. Date signed 5-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-13-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Thos U. Hope

Licensed Embalmer No. 3950

P. O. Address Ex Springs 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.