. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1947

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 24550

Registrar's No.

1. PLACE OF DEATH:

(a) County Joplin Jasper

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

(c) Name of hospital or institution: 1404 Picher St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1404 Picher St. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME Elsie Dowd

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem. 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Thomas Dowd

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

7. Birth date of deceased Feb. 14, 1884
(Month) (Day) (Year)

8. AGE: Years 63 | Months 4 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Reed Springs Missouri. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Tennison
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavisa
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rilla Gregory
(b) Address 313 N. Maple St.

17. (a) Burial (b) Date thereof 6-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 6-26-47 (b) Dolores Lampkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22, day 1947
year ..... hour 1-50 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to June 22, 1947
that I last saw her alive on June 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver and stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 B

Duration

PHYSICIAN

Underline the cause of 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

Signature C. C. Cox (M. D. or other)

Address Joplin Mo. Date signed 6-25-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-7-625

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 Perry K. Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin 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.