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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1947

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Braymer 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Bess Moorman Dowell

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1947 hour 12 minute 50 a.m.

4. Sex female Color or race white

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

6. (b) Name of husband or wife George S. Dowell

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

7. Birth date of deceased: Feb. 25, 1880
(Month) (Day) (Year)

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

8. AGE: Years 67 Months 7 Days 27 If less than one day
hr. min.

Immediate cause of death Carcinoma of left breast

Due to _____

Due to _____

9. Birthplace Braymer, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations 50

Of autopsy _____

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Laban Moorman

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

14. Maiden name Lida Hale
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dr. Donald Dowell

(b) Address Chillicothe, Mo

17. (a) Burial (b) Date thereof Oct. 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Mo

19. (a) 10-24-47 (b) Francis A. Nail
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature Joseph F. Dale (M. D. or other) M.D.
Address Chillicothe, Mo Date signed 10-22-47

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

MOTHER FATHER

DEC 9 1947

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

Dennard F. Mead

Licensed Embalmer No..... 2801

P. O. Address..... Braymer, 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.