T. Cannon

JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4094
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard
(b) Township Liberty
(c) City
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 838
Primary Registration District No. 6098
Registered No.

2. PRINT FULL NAME Alice Dowdy Garner
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. L. Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1875

7. AGE: Years 63 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County, Mo. O

FATHER
13. NAME Armstead L. Dowdy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
15. MAIDEN NAME Mary C. Howell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Record

17. INFORMANT D. L. Garner
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dowdy Cemetery DATE 1-2-39, 19

19. FUNERAL DIRECTOR (NAME) Blankenship-Stricklan
(ADDRESS) Dexter, Mo.

20. FILED 1/10, 1939 Margaret Bone Deputy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1- 1939, to Jan. 1- 1939
I last saw him alive on Jan. 1- 1939. Death is said to have occurred on the date stated above, at 7:00 A. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:
Bronchial Asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. P. Cannon D.O. M. D.
(Address) Dexter

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.