

FILED MAY 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15499

State File No.

Registrar's No.

Registration District No. 566

Primary Registration District No. 3030

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(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 _____ (Specify whether)
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Thomas Franklin Dowling 452

(b) If veteran, name war X X X (c) Social Security No. X X X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Sarah Elizabeth Dowling (c) Age of husband or wife if alive X X years

7. Birth date of deceased October 6 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Pope County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant William Dowling

(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 4-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F-Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Missouri

19. (a) 4-29-40 (b) F. J. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 8 minute 3 A.M.

21. I hereby certify that I attended the deceased from Apr 22 1940 to Apr 22 1940
that I last saw him alive on Apr 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute fibrillation Chr. myocarditis DKI

Due to _____

Due to _____

Other conditions Arterio sclerosis DK
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Charles Selving (M. D. or other) _____

Address Charleston Mo Date signed 4/27/40

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

RECEIVED

District Health Officer No. 2

District File Number 540-97

Date Filed 5/2/40

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

John P. Minnaker Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston W. Va.

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, above space should be left blank.