

1940 OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32347

State File No.

Registration District No. 481

Primary Registration District No. 3023

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(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 2
In this community 5 mo 23 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Billie Jo Gowin

3. (b) If veteran, name war _____ 3. (c) Social Security No. NA

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

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

7. Birth date of deceased Mar - 16 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 23 _____ hr. _____ min.

9. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Don Gowin
13. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Joe
15. Birthplace Centerville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Don Gowin
(b) Address Warrensburg - Mo

17. (a) Burial (b) Date thereof Sept-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillip

(b) Address Warrensburg Mo

19. (a) Sept 11, 1940 (b) Lelah Anson Day
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1940 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 9, 1940
to Sept 9, 1940
that I last saw her alive on Sept 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death TTA Diarrhea and ENTERITIS
Due to (Under 2 years of age)

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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 _____

23. Signature ER Cooper MD (M. D. or other) _____
Address Warrensburg Mo Date signed 9-10-40

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8
District File Number 10-9-40
Date Filed

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 _____

Earl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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, above space should be left blank.