

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 38

1. PLACE OF DEATH:  
 (a) County Stoddard  
 (b) City or town Bell City, Rural  
 (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 5 months  
 years, months or days)

3. (a) PRINT FULL NAME ROBERT H. DOWDY  
 3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Margarette E. Dowdy 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 8, 1892  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>10</u>	hr. min.

9. Birthplace Columbus, Kentucky  
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Bud Dowdy

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

14. Birthplace Stone, Ky.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Margarette E. Dowdy

(b) Address Morehouse, Missouri

17. (a) Burial (b) Date thereof 8-20-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parma, Missouri

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Sept 19 1941 (b) S. S. McNeil  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Bell City, rural  
 (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 August day 18  
 year 1941 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack and angina pectoris

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence August 18, 1941

(c) Where did injury occur? Bell City, Mo. rural  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in the home

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo. Neary, Acting Coroner  
 Address Bloomfield, Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

03  
00  
0

MOTHER FATHER

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

94

RECEIVED

District Health Office No. 2,

District File Number 1041-1415

Date Filed 10/13/41

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**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. 4119

P. O. Address Bloomfield, Ma.

**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.**