

FILED SEP 11 1942

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

27632

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 200 61
 (b) Township Uniontown Primary Registration District No. 5723 9 Registered No. 76
 (c) City College Mound (d) Street No. 1 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.

2. PRINT FULL NAME

Nancy Belle Dowell
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF W. T. Dowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 9 25

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

12. BIRTHPLACE (CITY OR TOWN) Macon Mo
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Calvin Kitchen

14. BIRTHPLACE (CITY OR TOWN) Dont Kansas
 (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Jane Boggs

16. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) R. W. Dowell
College Mound Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE College Mound DATE Aug 31, 1942

19. FUNERAL DIRECTOR (NAME) Stephens & Boggs
 (ADDRESS) Springfield Mo

20. FILED 9/4/42 42 Fora B. Munkler
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28 1942

22. I HEREBY CERTIFY, That I attended deceased from April 10 1941 to Aug 28 1942

I last saw her alive on Aug 28 1942; Death is said to have occurred on the date stated above, at 6:25 p. m.

The principal cause of death and related causes of importance, were as follows:

Chronic Myocarditis
Hypertension
arteriosclerosis

Date of onset
D. K.
D. K.
D. K.

Other contributory causes of importance: 93d

Name of operation none Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? no

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? no
 If so, specify _____

(Signed) R. W. Dowell, M. D.

(Address) Huntsville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-42-1709

Date Filed SEP - 8 1942

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,

H.M. Goodding

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *H.M. Goodding*

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.