S. No. 2
M—9-4-41
v. 5-17-39
I X29484

3
2
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33071

Registration District No. 17 Primary Registration District No. 74016 Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Atchison
(b) City or town: Tarkio
(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: --
In this community (Specify whether years, months or days): 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison
(c) City or town: Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: John Cameron Gowdy
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: mar
6. (b) Name of husband or wife: Minnie M. Jackson
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: Sept (Month) 13 (Day) 1857 (Year)
8. AGE: Years 85 Months -- Days 18 If less than one day ... hr. ... min.
9. Birthplace: Henderson Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retd' Farmer
11. Industry or business:
FATHER 12. Name: John Gowdy
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Permillia Rankin
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. J.C. Gowdy
(b) Address: Tarkio, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 4, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Home Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Missouri.
19. (a) 10/19/42 (Date received local registrar) (b) Mrs Darrell Martz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st. year 1942 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from July 1-42 to Sept-30 1942 and that death occurred on the date and hour stated above.
that I last saw h. alive on Sept-30 1942
Immediate cause of death: Malignant Melanoma - Head - Caused by Myocardial - Degeneration
Due to: 92 P
Due to:
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

Duration

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: Tarkio Mo. Date signed Oct-7-42

1140 (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.....J. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, Missouri.....

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.