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4-1
7-39
26390

FILED FEB 9 1944
Registration District No. **227**

Primary Registration District No. **5807**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **RURAL - UNION TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7 MI. S. OF MADISON**
(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 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **7 MI. S. OF MADISON**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN DEERING DOWELL**

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 **WIDOWED**
6. (b) Name of husband or wife **MARY DOWELL** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JULY 27, 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **MONROE Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **YM F. DOWELL**
13. Birthplace **ROLLS Co., Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **SUSANNA DOWELL**
15. Birthplace **TENN.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chuter Dowell**
(b) Address **R.F.D., PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof **JAN. 8, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **PLEASANT HILL**

18. (a) Signature of funeral director **Speed Blaney**
(b) Address **PARIS, MO.**

19. (a) **1-7-44** (b) **Maym. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **6**
year **1944** hour **8** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **Jan**
4 **114** to **Jan 6** **1944**
that I last saw him alive on **Jan 6** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pulmonary**
Due to **Duod. Ulcer**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **108**

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) (c) Means of injury _____
23. Signature **[Signature]** (M. D. or other) _____
Address **PARIS, MO.** Date signed **1-7-44**

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-395

Case Filed FEB 8 1944

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 Al. Blakey

Licensed Embalmer No. 2614

P. O. Address PARIS, 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, fact should be so stated above.