

FILED DEC 21 1945
Registration District No. 429

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
931 Westport Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)
In this community 18 years

3. (a) PRINT FULL NAME SAMUEL DOWDY

3. (b) If veteran, name war No
3. (c) Social Security No. 486-03-2977

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

6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 22, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 12
If less than one day hr. min.

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

10. Usual occupation Baggage Checker

11. Industry or business Trailways

12. Name Thomas Dowdy

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Dowdy

(b) Address 931 Westport Road

17. (a) Burial removal (b) Date thereof 11/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 12-5-45 (b) Geraldine Holmes
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 931 Westport Road
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 1942 to Dec 4 1945
that I last saw him alive on Dec 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to Chronic Hypertension

Due to Arterio Sclerosis
Other conditions (Include pregnancy within 3 months of death) 10 yrs.

Major findings: Of operations no
Of autopsy no

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) _____
(e) While at work? _____ (f) Means of injury 0
23. Signature M. B. Cashel
Address 4000 Baltimore Date 12/5/45

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. D. Blackman

Licensed Embalmer No. 3639

P. O. Address. K. C. 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.