

No. 2
8-43
7-39
PK37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10300**

FILED APR 11 1946
Registration District No. **272**

Primary Registration District No. **KK00**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Pemiscott**

(b) City or town **Steele, Mo.**
(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
years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Pemiscott**

(c) City or town **Steele, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ada Dowdy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **25** 19**46**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **1-23**
19**46** to **1-25**, 19**46**

4. Sex **F** Color or race **W**

6. (b) Name of husband or wife **J. S. Dowdy**

7. Birth date of deceased: **May** **18** **1876**
(Month) (Day) (Year)

6. (a) Single, widowed, married, divorced **M /**

6. (c) Age of husband or wife if alive **77** years

that I last saw h. _____ alive on **7 A.M.**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **69** Months **8** Days **7** If less than one day
hr. _____ min. _____

9. Birthplace **Hallowday Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

Due to **Malnutrition -**
sepsis
myocardial
infarction

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **932**

MOTHER FATHER

12. Name **Jim Newsom**

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

14. Maiden name **Nise Bryant**

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

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

16. (a) Informant **J. S. Dowdy**

(b) Address **Steele, Mo.**

17. (a) **B** (b) Date thereof **1-25-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **at Zion Gobb Funeral Home**

18. (c) Signature of funeral director **Blytheville, Ark.**

(b) Address _____

19. (a) **K-1-K6** (b) **Sid. Thurman**
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____

23. Signature **J. Hopman** (M. D. or other) _____
Address **Steele** Date signed **2/4/46**

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

0258

9220

3-46-83

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.....

P. O. Address.....

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.