

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED OCT 17 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33410
State File No. _____
Registrar's No. 18

Registration District No. 144
Primary Registration District No. 4234

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Des Arc
(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 Brenda Lee McGowen
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 27
year 1946 hour 3:30 minute A M.

4. Sex fem 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Sept. 26, 1946, to Sept. 27, 1946;
that I last saw her alive on Sept. 27, 1946;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 26
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

Immediate cause of death:
Congenital malformation of Heart
Duration 1 day

9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation none

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

11. Industry or business _____
12. Name Norman A. McGowen
13. Birthplace Fisk Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Geneva Peters
15. Birthplace Gordonville Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
157E

16. (a) Informant W.H. Peters
(b) Address Des Arc Missouri
17. (a) burial (b) Date thereof Sept 28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Des Arc Missouri

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 0

18. (a) Signature of funeral director Norman White & Sons
(b) Address Des Arc Missouri
19. (a) Oct 11-46 (b) Ms Avis Jones
(Date received local registrar) (Registrar's signature)

23. Signature Bruce Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 9-27-46

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

17
0

47

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

128

RECEIVED

Health Officer No. 4

File Number 1046-2758

Date Filed 10-15-46

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 *Rachel J. White*

Licensed Embalmer No. 3012

P. O. Address *Imitor New*

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.