

No. 2
1-5-43
5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7713
State File No. _____
Registrar's No. 43

Registration District No. 10 Primary Registration District No. 3062

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 1 day
In this community ~~1 day~~ Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Mexico
(d) Street No. 403 N. Cole
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lena Dowell O'Brien
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 9, 1875

8. AGE: Years 72 Months 6 Days 4

9. Birthplace Audrain Co. Missouri

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Frank Dowell
13. Birthplace DK
14. Maiden name Sadie Windle
15. Birthplace DK

16. (a) Informant Grover Dowell
(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 3, 17, 1948
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold Jr.
(b) Address Mexico, Missouri.

19. (a) 3/16/48 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1948 hour 9 minute P-M.

21. I hereby certify that I attended the deceased from March 13 1948 to March 13 1948
that I last saw her alive on March 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Spasm of the left upper lobe of left lung.
Due to: Obstruction to circulation - Hemorrhage of blood vessel in the lung.
Other conditions: _____
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: H. W. Van Tingen
Address: Mexico Mo Date signed 3/16/48

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

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

RECEIVED
District Health Officer No. 12
District File Number 3-48-56
Date Filed MAR 23 1948

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.