

FILED OCT 1 1948
Registration District No.

Primary Registration District No. 4288

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County: Lincoln

(b) City or town: Moscow Mills 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: all life
(Specify whether years, months or days) 8 1/2 yrs 1 mo 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln

(c) City or town: Moscow Mills 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: JAMES BRADY DOWELL

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 24
year: 1948 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug 2 (month) 1867 (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy 6084

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>22</u>hr.min.

9. Birthplace: Lincoln County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Due to: arterio sclerosis

Due to: Senility

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

Major findings: Of operations: 82

Of autopsy: 82

11. Industry or business:

12. Name: Wm James Dowell

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

14. Maiden name: Julia Ann Pratt

15. Birthplace: Lincoln County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Homer Dowell

(b) Address: 6502 Marmaduke St. Louis Mo.

17. (a) Burial (b) Date thereof: 9-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shirhill Cem.

18. (a) Signature of funeral director: Wayne M. E. Coy

(b) Address: 5104 N.W.

19. (a) 9-25-1948 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of 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)

While at work?..... (e) Means of injury.....

23. Signature: J. B. Kerck (M. D. or other)
Address: 1111 Mo Date signed: 9/15/48

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 30 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..... *Wayne Mc Coy*
Licensed Embalmer No. *35806*
P. O. Address..... *Troy 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.