S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40916

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 289

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
enroute - St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 123 South Market
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE DOWDEN
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Donna Young Dowden
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August (Month) 26 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	16	hr. min.

9. Birthplace Melbourne (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self-employed
FATHER
12. Name John Franklin Dowden
13. Birthplace Scott Co., (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Jennetta Munn
15. Birthplace Cedar Co. (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Clarence Dowden
(b) Address Maryville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Rice Funeral Home
(b) Address Maryville, Missouri
19. (a) 12-11-48 (Date received local registrar) (b) Bess Holt 229 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1948 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to Dec. 2, 1948, that I last saw him alive on Nov 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury

23. Signature W R Jackson (M. D. or other)
Address Maryville, Mo Date signed 12-3-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1949

MAR 11 1949

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville - 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.