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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

castles

State File No. 40957

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 93

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1105 Davis 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78 1
(c) City or town Caruthersville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 Davis 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUFUS L. DOWELL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Dowell
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased October (Month) 11 (Day), 1888 (Year)

8. AGE: Years 60 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Milan (City, town, or county) Tenn! (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John Dowell
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Mary Pierce
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant W. M. Dowell
(b) Address 210 E. 11th St., Caruthersville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cemetery
18. (a) Signature of funeral director La Forge Und. Co.
(b) Address 712 Ward, Caruthersville, Mo.
19. (a) 1-5-49 (Date received local registrar) (b) Tressie B. Weeks (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 1, 1948, to Dec 14, 1948;
that I last saw him alive on Dec 14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to Essential Hypertension	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no
(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 [illegible] (M. D. or other)
Address Caruthersville Mo. Date signed 12/16/48

(Licensed Embalmer's Statement on Reverse Side)

1-49-13

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 Boyett B. Willis

Licensed Embalmer No. 4603

P. O. Address Caruthersville, 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.