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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42932

FILED FEB 23 1949  
Registration District No. 842

Primary Registration District No. 612-482

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County SCOTLAND  
(b) City or town MEMPHIS  
(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 1  
In this community 16 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland  
(c) City or town Memphis Mo. 99  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARY FRANCIS DOWDALL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife SAM W. DOWDALL 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased December 13 1866  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace UPTON IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name Charles W. Huggans

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

14. Maiden name Elizabeth Taylor

15. Birthplace Southwestern Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Francis Dowdall  
(b) Address MEMPHIS

17. (a) BURIAL (b) Date thereof 10-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROCK CEMETERY

18. (a) Signature of funeral director W. Wayne Sosa  
(b) Address Memphis Mo.

19. (a) 2/15/49 (b) W. M. Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10 - 7 - 1948 to Oct 7 1948  
that I last saw her alive on Oct 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 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? \_\_\_\_\_ (City or town) (County) (State)

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

Signature of physician W. M. Keethler (M. D. or other) \_\_\_\_\_  
Address Memphis Mo.

Date signed 10-10-48

JUN 9 1945

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**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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.**