

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 44881000</u>	
c. LENGTH OF STAY (in this place) <u>35</u>		d. STREET ADDRESS (If rural, give location) <u>ORAN RFD 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>TRAVIS</u>		b. (Middle) <u>MARVIN</u>	
		c. (Last) <u>Dowdy</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 22 50</u>			
5. SEX <u>MALE 0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>	8. DATE OF BIRTH <u>8-27-45</u>
9. AGE (In years last birthday) <u>4</u>		10. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Scott County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James T. Dowdy</u>		13b. MOTHER'S MAIDEN NAME <u>Buella Goodwin</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James T. Dowdy - Dean M.R.F.D.</u>	
				ADDRESS <u>Dean M.R.F.D.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retinoblastoma of left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Exp. i. metastasis to brain</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>192X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-11 1950, to 6-22, 1950, that I last saw the deceased alive on 6-22, 1950, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Hunter</u> (Degree or title)		23b. ADDRESS <u>Sikeston Mo.</u>		23c. DATE SIGNED <u>6-23-50</u>	
---	--	-------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOGWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>Miss. Co. Mo.</u>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>June 26 50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hunter</u>		ADDRESS <u>Funeral Home - Sikeston Mo.</u>	
---	--	--	--	--	--	---	--

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

RECEIVED JUL 3 1950  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 750-69

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.