

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 27 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1113776
Do not use this space.

1. PLACE OF DEATH

(a) County ST. FRANCIS Registration District No. 316
(b) Township _____ Primary Registration District No. 3059 Registered No. 121
(c) City BONNE TERRE (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS LOUISE McDowell
(a) Residence, No. Farmington Route 4 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 74 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. HOUSE WIFE
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAPE COUNTY MO
13. NAME WILLIAM SIDES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAPE COUNTY MISSOURI
15. MAIDEN NAME CATHERINE HUBES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAPE COUNTY MO

17. INFORMANT (ADDRESS) A. L. McDowell Farmington Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE MARVIN CHAPEL DATE 4-10-1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Boyer & Son Desloge MO

20. FILED 4-23 19. 48 Ether Rudloff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1948

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1948 to April 7, 1948
I last saw her alive on April 7, 1948 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
107
Other contributory causes of importance:
Right sided heart failure
auricular fibrillation
Date of onset 3-24-48

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) George S. Waltham M. D.
(Address) Farmington, Mo.

IVED

Health Officer No. 4

File Number 448-53

Date filed 4-26-48

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 *J. T. Sawyer*

Licensed Embalmer No. 3660

P. O. Address *College Ave*

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, above space should be left blank.