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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Davis
State File No. 44812

Registration District No. 536 Primary Registration District No. 4493 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Birch Tree
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years
In this community 67 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon 101
(c) City or town Birch Tree
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CHARLES CURTIS DOWLER
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 18
year 1947 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from Nov 11 1947 to Nov 18 1947
that I last saw him alive on Nov 15 1947
and that death occurred on the date and hour stated above.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Betty Dowler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 14 1873
(Month) (Day) (Year)

Immediate cause of death: apoplexy
Duration 3 hrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 74 Months Days 4
If less than one day hr. min.

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

10. Usual occupation Farmer & Merchant

11. Industry or business

12. Name Henry C. Dowler

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

14. Maiden name Lydia Enoch
(City, town, or county) (State or foreign country)

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

16. (a) Informant Buleah Sullivan
(b) Address Birch Tree, Mo.

17. (a) Burial (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forest Cemetery

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.

19. (a) 6-7-48 (b) Mike Reem
(Date received local registrar) (Registrar's signature)

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 R. J. Davis (M. D. or other)
Date signed 5/8-48

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

MOTHER FATHER

RECEIVED 6-9-48
District Health Officer No. 5,
District File Number 648385
Date Filed 6-11-48

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.