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

Do not use this space.

30108

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 17th and Tracy St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME Lloyd E ~~Mowery~~ Mowery
(a) Residence. No. 944 Arg Blvd. Ward. Kans City Kans
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Mowery

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: about 27 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Kan

10. NAME OF FATHER: John ~~Mowery~~ Mowery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana Unknown

12. MAIDEN NAME OF MOTHER: Belle Sellers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Morville Kentucky

14. INFORMANT (Address): Mrs Belle Mines 909 Kan Ave K.C.K.

15. FILED 9/24 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-23 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide, fire arms
173
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Shot by police officer
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection
(Signed) Stanley M. Hall, M.D.
9/23, 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Hill Cemt
DATE OF BURIAL: Sept 25 1930

20. UNDERTAKER: Daniels
ADDRESS: K. C. Kans

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30108-30

State of Mo. } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3916-30

On this 4th day of August, 1949, before me appears Emma Mowery, who, upon her oath, states that the original record of ~~birth~~ death for Lloyd E. Mowery, ~~born~~ died September 23, 1930, in the State of Missouri, and which was filed at Kansas City on 9/24, 1930, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 7 should read Lloyd E. Mowery

Instead of Lloyd E. Mowery

Item No. 10 should read John Mowery

Instead of John Mowery

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma Mowery (Widow)
Relationship.

917 Dalas
K. C. Mo.
Present Address.

Subscribed and sworn to before me this 4th day of August, 1949.

My Commission expires Oct 21, 1951 Carrie M Ruppelius Notary Public.

Amendments containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
IX36667