

REC'D MAR 16 1939

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

7015  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Lafayette Registration District No. 464  
 (b) Township Washington Primary Registration District No. 5626 Registered No. 12  
 (c) City ..... (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 Hiram Lafayette Sowers

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Allen Sowers Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19 Jan 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 ----- 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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 .....

12. BIRTHPLACE (CITY OR TOWN) Lexington,  
 (STATE OR COUNTRY) N. C.

13. NAME W. A. Sowers  
 14. BIRTHPLACE (CITY OR TOWN) North Carolina  
 (STATE OR COUNTRY)

15. MAIDEN NAME Susannah Livengood

16. BIRTHPLACE (CITY OR TOWN) North Carolina  
 (STATE OR COUNTRY)

17. INFORMANT W. W. Sowers  
 (ADDRESS) Mayview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Kansas DATE 2/16/39 19.....

19. FUNERAL DIRECTOR (NAME) A. H. Hader  
 (ADDRESS) Higginville, Missouri

20. FILED 2-16- 19 39 Mrs E. M. Goodwin Local Registrar. 412

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16- 1939, to 2-16- 1939

I last saw him alive on 2-16- 1939. Death is said to have occurred on the date stated above, at 2 P. m.

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

Pulmonary Embolism from Rt. Heart in the pulmonary artery  
926  
 Date of onset

Other contributory causes of importance:

1. Chronic Endocarditis  
2. Chronic Myocarditis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Post Was there an autopsy? Yes

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?  
 If so, specify Yes M. D.

(Signed) A. H. Hader M. D.  
Missouri

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.

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
*6/27/16*

**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.....

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, above space should be left blank.**