

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

11259
 Do not use this space.

REC'D APR 19 1939

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. 44
 (c) City Warrensburg (d) Street No. _____ St. _____
 (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

100 N. Harris N. Mowrey
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Mowrey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 24 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 8 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Contractor
 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) (STATE OR COUNTRY) Unknown, Pennsylvania

FATHER 13. NAME Henry Mowrey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania

MOTHER 15. MAIDEN NAME Sarah Bamford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania

17. INFORMANT (ADDRESS) Fred Mowrey - Warrensburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Mar - 14 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney - Phillips Warrensburg Mo

20. FILED Mar 25, 1939 Earl Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 22 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 19th, 1939, to March 22nd, 1939
 I last saw her alive on March 22nd, 1939. Death is said to have occurred on the date stated above, at 11:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 3/14/39
1072
 Other contributory causes of importance: General debility from age

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? _____
 If so, specify _____
 (Signed) O.P. Israel, M. D.
 (Address) Warrensburg Mo

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.

50 M-1 (2-39) I X14028

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 4/15/39

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,

Earl Priest

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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, above space should be left blank.