

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43245
Registrar's No. 93

JAN 12 1940

Registration District No. 266

Primary Registration District No. 5347

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Minyard Bowers

8. (b) If veteran, name war XXX 8. (c) Social Security No. XX

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary R Finisen 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Dent Co (City, town, or county) (State or foreign country) Mo

10. Usual occupation Farmer

11. Industry or business XXXX 0

12. Name Andrew Jackson Bowers
13. Birthplace XXV Tenn (City, town, or county) (State or foreign country)
14. Maiden name Sellers
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. J. Bowers
(b) Address Cherryville, Missouri

17. (a) Burial (b) Date thereof 12/5/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Cemetery

18. (a) Signature of funeral director Carl Spencer
(b) Address Bowers, Mo.

19. (a) December 5 1939 (b) F. E. Bath (Date received local registrar) (Registrar's signature)

FATHER
MOTHER

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day December
year 1939 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 19 1938 to Nov. 14 1939
that I last saw him alive on Nov. 14 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs.
Due to unknown
Due to ASC

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none
Of autopsy none

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature Edward K. Hunt (M. D. or other) MD
Address Jafam, Mo. Date signed 12/4/39

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.

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.

RECEIVED

District Health Officer No. 5,

District File Number 140 10

Date Filed 11040

Signed.....

J. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Md.

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.