

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43688

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

## 1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN

(c) Name of hospital or institution  
2201 Pennsylvania  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO  
(Specify whether)

In this community 8 YEARS  
(years, months or days)

3. (a) PRINT FULL NAME ANNIE LAURIE BOWERS 620

8. (b) If veteran, name war NO

8. (c) Social Security No. NO

4. Sex FEM 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife FRANK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased MAR. 25, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 8 7 hr. min.

9. Birthplace INDIANA  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business Home12. Name FRANKLIN T. STANTON13. Birthplace INDIANA  
(City, town, or county) (State or foreign country)14. Maiden name ALMIRA BARNARD  
(City, town, or county) (State or foreign country)15. Birthplace INDIANA  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Wm Babson(b) Address 2201 PA. AVE JOPLIN MO.17. (a) Burial (b) Date thereof 12-5-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ozark Mem. Park Cem.18. (a) Signature of funeral director HURLEUT UND. CO:(b) Address JOPLIN MO:19. (a) 12-4-39 (b) 205 Sumner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO: 8 YRS / (b) County JASPER

(c) City or town JOPLIN MO:  
(If outside city or town limits, write "RURAL")

(d) Street No. 2201 PA. AVE;  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 2, 1939  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 9-27 P. M.21. I hereby certify that I attended the deceased from 7-29-1939  
\_\_\_\_\_, 19\_\_\_\_, to Dec. 2, 1939.  
that I last saw her alive on Dec. 2nd, 1939.  
and that death occurred on the date and hour stated above.Immediate cause of death Congestive heart failure Duration 1-1-39?

Due to \_\_\_\_\_

Due to 95%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations noneOf autopsy none

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) (e) Means of injury \_\_\_\_\_

23. Signature D. T. Blank W.D. (M. D. or other) \_\_\_\_\_Address 607 Main, Joplin, 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.

RECEIVED

District Health Officer No. 6,

District File Number 140-143

Date filed JAN 1 0 1940

**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.....

*Ferry K. Walcott*

Licensed Embalmer No. ....

*959*

P. O. Address.....

*Appl. no*

**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.**