

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44180

Registration District No. 619

Primary Registration District No. 5821

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Nodaway Atchison Twp
(b) City or town Hopkins
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community community 62 yrs. (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Elizabeth Sowers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Abner Sowers 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 14, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Monroe County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander Eads

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Axle Bailey

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dale Sowers

(b) Address Hopkins Mo

17. (a) Burial (b) Date thereof 11-5-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri 1

19. (a) Jan 15 1940 (b) M. Humphrey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Rural Hopkins Mo.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd
year 1939 hour 50^m minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1, 1939 to Nov 3, 1939
that I last saw her alive on 11/3 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene left leg
Due to Embolus
Due to Chronic valvular disease of heart

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations No operation
Of 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 [Signature] (M. D. or other) _____
Address Hopkins Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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. 11,

District File Number 140-1999

Date Filed JAN 16 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.....

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

Signed.....

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.