

FD AUG 21 1940
S. No. 2
-11-10-39
-5-17-39
-1 X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25978

Registration District No. 668

Primary Registration District No. 5894

State File No. _____

Registrar's No. 232

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Rural Sedalia Twp., Cedar Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D. # 5.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clifford Depuy Bower 690

3. (b) If veteran, name war 31 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Bower 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 12 1866
(Month) (Day) (Year)

| 8. AGE: | | Years | Months | Days | If less than one day |
|---------|--|-----------|-----------|-----------|----------------------|
| | | <u>73</u> | <u>11</u> | <u>11</u> | hr. _____ min. |

9. Birthplace Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Adam Bower

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

14. Maiden name Adaline Depuy

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

16. (a) Informant Mrs. C.D. Bower

(b) Address Sedalia, Mo. R.F.D. # 5.

17. (a) Burial (b) Date thereof July 25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____
19. (a) 7-25-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 5.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Sept 10 1939 to July 23 1940
that I last saw him alive on July 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Retrol Peritoneal abdominal cancer
Due to Cancer

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

Major findings: Of operations _____
Of autopsy abdominal cancer in peritoneum

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 Coard Bohling M. D. or other _____
Address Sedalia, Mo. Date signed 7-24-40

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

30

RECEIVED
District Health Officer No. 8,
District File Number
07-6-8
ate Filed

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 L. E. Boucklin

Licensed Embalmer No. 3867

P. O. Address Indianapolis 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.