DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31864

Registration District No. 241 Primary Registration District No. 5334 Registrar's No. 1274

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. Buffalo, Missouri
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Byron G. Mowatt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dr. Early G. Mowatt

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April (Month) 29, (Day) 1871 (Year)

8. AGE: Years 69 Months 4 Days 22 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business Stock Dealer

MOTHER FATHER

12. Name St. Clair Mowatt

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

MOTHER

14. Maiden name Agnes Southern

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

16. (a) Informant's own signature Mrs. Byron G. Mowatt

(b) Address Buffalo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri 218

19. (a) 10/10 1948 (Date received local registrar) Nancy Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21, year 1940 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from January, 19 31, to 9-21, 19 40 that I last saw him alive on 9-21, 19 40; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchiectasis	
Due to Chronic asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death) 106B	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature V. Hebremont (M. D. or other)

Address Buffalo Mo. Date signed 9-25-40

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 10-40-1479
Date Filed 10-11-40

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 C. C. George, Registered Apprentice No. 240, working under my personal supervision.

Signed Lewis G. Scharff

Licensed Embalmer No. 380

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.