

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 929

1. PLACE OF DEATH
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
716 E. Belmont
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 2

3. (a) PRINT FULL NAME Rachel Ann Mowrey
 (b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George D. Mowrey 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased January 17, 1848
 (Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home
 11. Industry or business _____

MOTHER FATHER
 12. Name John Long
 13. Birthplace Unknown Penna
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Shelby
 15. Birthplace Unknown Penna
 (City, town, or county) (State or foreign country)

16. (a) Informant D. M. Mowrey
 (b) Address Graham, Missouri
 17. (a) Burial (b) Date thereof 11-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graham, Mo.

18. (a) Signature of funeral director Alma Schmegele
 (b) Address Springfield, Mo.
 19. (a) 11-20-40 (b) W. E. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 716 E. Belmont
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1940 hour 5 minute 2 M.
 21. I hereby certify that I attended the deceased from Nov 9
1940, to Nov. 18, 1940
 that I last saw her alive on Nov. 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Vulva.
primary
 Due to _____
 Due to _____
 Other conditions (includes pregnancy within 3 months of death) 49

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) or (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
9511
 (Specify type of place) _____
 While at work? (c) Means of injury _____
 Signature Francis B. Kemp (M. D.)
 Address Springfield, Mo. Date signed Nov 19, 40

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

RECEIVED 10 15 1940

7
3
6

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.

204

working under my personal supervision.

Signed

Lewis G. Schaeff

Licensed Embalmer No.

3802

P. O. Address

Springfield, M.

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, fact should be so stated above.