

No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41735

FILED JAN 10 1941

Registration District No. 29

Primary Registration District No. 5020

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Barry Flat Creek 2

(b) City or town Eagle Rock (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 Lifetime
years, months or days

3. (a) PRINT FULL NAME Bessie J. Towler

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 Charles Towler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 27th. 1893
(Month) (Day) (Year)

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

47 4 10 -- hr. --- min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business -----

MOTHER FATHER { 12. Name Frank Shrum

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

14. Maiden name Susan Maloney

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

16. (a) Informant Chas. Towler

(b) Address Eagle Rock, Mo. R.F.D.

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

(c) Place: burial or cremation Easley cemetery

18. (a) Signature of funeral director Horine-Culver

(b) Address Cassville, Mo.

19. (a) ----- (b) Leona Newman
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Eagle Rock, (RURAL)
(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 Dec. day 7th.
year 1940 hour 7:00 P.M. minute ----- M.

21. I hereby certify that I attended the deceased from Dec 13-10, 1940
Did Post-mortem
that I last saw h. ----- alive on -----, 19-----
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm

Due to Syphilis unk.

Due to -----

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

Major findings: Of operations -----

Of autopsy Ruptured Aortic Aneurysm

Duration

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 Leona Newman (M. D. certifying)
Address Cassville, Mo. Date signed 12-10-40

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

Jack Canada

Registered Apprentice No. *225*

working under my personal supervision.

Signed *G. E. Colver*

Licensed Embalmer No. *3584*

P. O. Address *Camille, La*

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.