

No. 2
1-13-40
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10717

State File No.

APR 10 1941
Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

256

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

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 703 N. Main
(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

3. (a) PRINT FULL NAME ANNA FLORENCE BOWERS

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife W. B. Bowers 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb 2 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Nash Hilderbrand

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

14. Maiden name Mary Ketter

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

16. (a) Informant W. B. Bowers

(b) Address Rogersville, Mo R#4

17. (a) Burial (b) Date thereof Mar. 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cem.

18. (a) Signature of funeral director Kelley - Farrell

(b) Address Rogersville, Mo

19. (a) 3-31-41 (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 Rogersville, ~~Missouri~~
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1941 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 15
1941 to March 25, 1941
that I last saw her alive on Mar. 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to Diabetes Mellitus

Other conditions. (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____

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) _____
Means of injury _____

23. Signature Ronald F. Elkins (M. D. or other) MD
address 4-2-41 Springfield, Mo

39
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

X

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

K. K. Kelley

Licensed Embalmer No.

3334

P.O. Address

Leymour 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, fact should be so stated above.