DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24408

FILED AUG 11 1941

Registration District No. 29

Primary Registration District No. 5039

Registrar's No. 65

1. PLACE OF DEATH:
(a) County Barry Mineral Twp
(b) City or town Cassville, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name of hospital or institution~~ Mineral Twp.
(If outside hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community life 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005
(a) State Missouri (b) County Barry 0 0
(c) City or town (Rural)
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ East of Cassville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ 0 years.

3. (a) PRINT FULL NAME Farris Wayne Bowers

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased March (Month) 6 (Day) 1940 (Year)

8. AGE: Years 0 Months 9 Days 25 If less than one day - hr. -- min.

9. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Lee Bowers

13. Birthplace Barry County (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name J. Esther Ennes

15. Birthplace Barry County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lee Bowers
(b) Address Cassville, Mo. Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Spr. Cem.

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo.

19. (a) Aug. 15, 1941 (Date received local registrar) (b) Geo. W. Newman, M.D. (Registrar's signature) Aug. Th. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd. year 1941 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Birth, 19--, to Dec. 31, 1940, that I last saw him alive on Dec. 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days.
Due to Pulmonary Tuberculosis	7 months.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 E. E. Hoffamed (M.D.)
Address Cassville, Mo. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 841-1320
Date Filed AUG 7 1941

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 Gordon Bennette, Registered Apprentice No. 250 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1414

P. O. Address

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

If this body is not embalmed, fact should be so stated above.