

3. No. 2  
4-13-40  
5-17-39  
P I X29159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35525

Registrar's No. 38

FILLED NOV 14 1941

Registration District No. 358

Primary Registration District No. 5749

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Harrison Township  
(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 \_\_\_\_\_ (Specify whether)

In this community 63 years  
years, months or days

3. (a) PRINT FULL NAME JOHN BOWER

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 Addie Bower 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 17 1853  
(Month) (Day) (Year)

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

87 10 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Adam Bower

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

14. Maiden name Mary Barbara Huffman

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

16. (a) Informant Addie Bower

(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof Oct. 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director E. J. Stoklase

(b) Address Cainsville, Missouri.

19. (a) 10/9-41 (b) J. M. Pickett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

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

(d) Street No. Harrison Twp. 1 1/2 Miles East of Cainsville, Missouri. RFD 2

(e) If foreign born, how long in U. S. A.? 63 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th  
year 1941 hour 7 minute :05 A. M.

21. I hereby certify that I attended the deceased from August 6  
1941 to October 7th 19 41  
that I last saw him alive on October 6th 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Valvular heart disease, chronic mitral and aortic regurgitation

Due to With myocarditis.

Due to loss of muscle reserve-edema lungs and lower extremities.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None made.

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) None

(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)

(c) Means of injury \_\_\_\_\_

23. Signature A. S. Bristow. ASB  
Address Princeton, Missouri. Date signed 10/8/41.

**STATEMENT BY LICENSED EMBALMER**

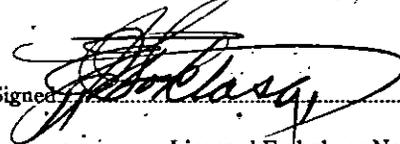
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ###

**Eddie J. Stoklasa**

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address **Cainsville, Missouri.**

**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.**