

JAN 10 1942

Registration District No. **416**

Primary Registration District No. **11248**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Sarcoxie**
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **49 years**
In this community **49 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Sarcoxie**
(d) Street No. **0**
(e) Citizen of foreign country? **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Lucy Guild Bowers**

3. (b) If veteran, name war. ----- 3. (c) Social Security No. -----

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Dudley W.** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **May 6, 1848**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	7	19hr.min.

9. Birthplace **Oxford, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper (wife)**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Ed Miller**

{ 13. Birthplace **Dont know**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Guild**

{ 15. Birthplace **Dont know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Bowers**

(b) Address **Sarcoxie, Missouri**

17. (a) **Burial** (b) Date thereof **12/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sarcoxie Cemetery**

18. (a) Signature of funeral director **Roland C. Engelage**

(b) Address **Sarcoxie, Missouri**

19. (a) **Dec 26 41** (b) **Mrs. Leina Broadaway**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25**
year **1941** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1940**
to **Dec 25 1941**
that I last saw **her** alive on **Dec 25**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute debility** Duration

Due to.....

Due to.....

Other conditions **1628**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature **Dr. J. E. Kelbass** (M.D. or other) **DO**

Address **Sarcoxie, Mo** Date signed **Dec 26 41**

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

660

740

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

Mt Vernon 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.