S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1606

FILED FEB 16 1942

Registration District No. 26 — Primary Registration District No. 5034 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #6, Mexico
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #6, Mexico
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) D
If yes, name country .....

3. (a) PRINT FULL NAME Henry Stowers
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucinda Stowers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 22 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
89	7	21	..... hr. ..... min.

9. Birthplace Lumpkin County, Georgia
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name John Stowers
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Butler
15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. O. J. Holtman
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Earl E. Buck
(b) Address Mexico, Mo.
19. (a) Jan 13-1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1942 hour 10 AM minute ..... M.
21. I hereby certify that I attended the deceased from Jan 7-42 Jan 12, 1942, to ....., 19..... ; that I last saw h. alive on Jan 11-42, 19..... ; and that death occurred on the date and hour stated.

Immediate cause of death Chronic Myocarditis	Duration
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	93d
Of autopsy None	

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 H. C. Farrell (M. D. or other) MD
Address Mexico, Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-193
Date Filed FEB - 7 1942

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.