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7-39
X22159

FILED JUN 13 1942

Registration District No. **3029**

Registrar's No. **131**

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
201 South 10th Street
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
 (d) Street No. 214 North Sixth
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Roy Albert Bower
3. (b) If veteran, name war _____
3. (c) Social Security No. 486-14-6154

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12
 year 1942 hour 6 minute 30 P. M.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** 53 years
7. Birth date of deceased October 29, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-8, 1941 to 5-12, 1942
 and that death occurred on the date and hour stated above.
 that I last saw him alive on 4-18, 1942

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death
Coronary thrombosis
 Duration _____

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Plasterer
11. Industry or business _____

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
 Of operations see
 Of autopsy _____

MOTHER FATHER
12. Name Samuel Bower
13. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Shreiver
15. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Roy Bower
(b) Address 214 North Sixth
17. (a) Burial _____ **(b) Date thereof** 5/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) see
(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? _____

(c) Place: burial or cremation Shelbyville Missouri
18. (a) Signature of funeral director Wm. H. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) May 14 '42 **(b) Robt. H. Connor**
(Date received local registrar) (Registrar's signature)

While at work? _____ **(Specify type of place)** _____
(e) Means of injury _____
23. Signature J. H. Harley **(M.D. or other)** _____
Address Hannibal Mo **Date signed** 5-13-42

1176 (Licensed Embalmer's Statement on Reverse Side)

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

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
201 South 10th Street
(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, and days)

3. (a) PRINT FULL NAME Roy Albert Bower

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 10 If less than one day min.

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

10. Usual occupation Welder

11. Industry of business.....

12. Name Samuel Bower

13. Birthplace Shelby County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Louise Shivers

15. Birthplace Shelby County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Albert Bower

(b) Address 214 N. 6th, Hannibal, Mo.

17. (a) Burial (b) Date thereof 5/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne, Mo.

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Bluff, Hannibal

19. (a) May 14 1942 (b) S. W. Conner (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary thrombosis

Due to.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature S. W. Conner (M. D. or other)

Address Hannibal, Mo. Date signed.....

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

EMERGENCY

S-19456