

FILED JUL 15 1942 26

50-3-43002

Registration District No. ....

Primary Registration District No. ....

JUL 15 1942 4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Andrain**

(a) County **Andrain**

(b) City or town **Mexico**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **4**

(a) State **Mo.** (b) County **Andrain**

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

(d) Street No. **Rural #6**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **William M. Stowers**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**  
year **1942** hour **9:00** minute **P** M.

4. Sex **MO** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Lula Jerman Stowers**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased: **Sept. 9, 1872**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 20** 19**42** to **July 4** 19**42**  
that I last saw him alive on **June 13** 19**42**  
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **10** Days **28**  
If less than one day hr. min.

Immediate cause of death: **Coronary Artery Sclerosis, Hypertension, Chlorosis**

Due to.....

Due to.....

9. Birthplace: **Andrain County, Missouri**  
(City, town, or county) (State or foreign country)

Other conditions: **Chronic Nephritis**  
(Include pregnancy within 3 months of death)

10. Usual occupation: **Retired**

11. Industry or business.....

Major findings: **none**

Of operations **none**

Of autopsy **no**

PHYSICIAN **—**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: **John Stowers**

{ 13. Birthplace: **DK** (City, town, or county) (State or foreign country)

{ 14. Maiden name: **Caroline** (City, town, or county) (State or foreign country)

{ 15. Birthplace: **DK** (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Lula Stowers**

(b) Address: **Mexico, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof: **7/6/42** (Month) (Day) (Year)

(c) Place: burial or cremation: **Elmwood**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **no**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

18. (a) Signature of funeral director: **[Signature]**

(b) Address: **Mexico, Mo.**

19. (a) **July 6 - 1942** (Date received local registrar)

(b) **Margaret Amache** (Registrar's signature)

While at work: (Specify type of place) (e) Means of injury **—**

23. Signature: **[Signature]** (M. D. or other)

Address: **Mexico Mo** Date signed: **7/6/42**

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.