

FILED NOV 10 1942

Registration District No. 155

Primary Registration District No. 55-79-4245

Registrar's No. 30

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town R-Orange (Rural)
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Mineral Imp.
(If outside city or town limits, write "RURAL")
(d) Street No. R-1-Orange (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Naomi Adeline Bowers

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phillip Bowers 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 29 - 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Billy Johnson
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Parks
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Bowers

(b) Address R-1-Orange Mo.

17. (a) Burial (b) Date thereof 10/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation asa mo.

18. (a) Signature of funeral director J.F. King

(b) Address Carroll Mo.

19. (a) Oct 8, 1942 (Date received local registrar) Mrs. Lillie Eagle (Registrar's signature) 1185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1942 hour 1 minute 02 P. M.

21. I hereby certify that I attended the deceased from Sept 26th, 1942, to Oct 6th, 1942;
that I last saw her alive on Oct 5th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mel-
litis complicated by dia-
betis gangrene of L foot

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____
Of autopsy _____

Duration _____
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 Darwin Magee (M. D. or other) D.O.
Address Jasper Mo. Date signed 10-6-42

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

49
00

42-10.860

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.....

Herma M. Burridge

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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.