

FILED DEC 9 1942
Registration District No. **77**

Primary Registration District No. **5166**

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

1. PLACE OF DEATH:

(a) County **CALLAWAY**

(b) City or town **RURAL JACKSON TOWNSHIP**
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDWARD F. BOWERS**

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

4. Sex **MALE** 0 race **White** 2 divorced **W. BOWERS**

5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **Dead** _____

7. Birth date of deceased **July 19 1878**
(Month) (Day) (Year)

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

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

10. Usual occupation **LAWYER**

11. Industry or business _____

12. Name **JOHN BOWERS**

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

14. Maiden name **MARY JANE FOSTER**

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

16. (a) Informant **John Bowers**

(b) Address **Coshocton, Ohio**

17. (a) Removal _____ (b) Date thereof **NOV. 29 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DARLING CEMETERY**

18. (a) Signature of funeral director **Glen Y. Mansper**

(b) Address **700 Court St. Fulton, Mo.**

19. (a) 11-29-1942 (b) **Joace Morawickoff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **999 COSHOCTON**

(a) State **Ohio** (b) County **CALLAWAY**

(c) City or town **RURAL 33**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **9**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **unknown** day **unknown** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on **November-27th**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **unknown - a stranger to this community, found dead in woods pasture, 1/2-mile from highway - as any due to residence, flesh and death, latent abs by varminets, from skull**

Due to **Verdict of coroners jury - death from unknown causes,**

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

Major findings: Of operations **TOP f**

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) **don't know**

(b) Date of occurrence **don't know**

(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? **found dead, lying on back in woods pasture**
While at work? _____ (Specify type of place) _____ (e) Means of injury **X**

23. Signature **J. W. Holman, Coroner**
(M.D. or other) _____
Address **8-E-8th St. Fulton, Mo.** Date signed **11-28-42**

11401

40069
705000

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:

Glen G. Maupin

Licensed Embalmer No.

2725

P. O. Address:

Fulton, 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.