

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41576

State File No.

FILED JUN 2 1943

Registration District No. 2 73

Primary Registration District No. 3052

Registrar's No. 397

1. PLACE OF DEATH:

(a) County... Pettis
(b) City or town... Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
728 East 5th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 years
In this community... since 1873
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pettis 80
(c) City or town... Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No... 728 East 5th 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1942 hour 10:45 minute P. M.
21. I hereby certify that I attended the deceased from Dec 5-
1942 to Dec 8 1942
that I last saw her alive on Dec 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Bronchitis and Senility
Duration

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death) 932

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 H. J. Bishop (M. D. or other)
Address Sedalia Mo Date signed 12-9-42

3. (a) PRINT FULL NAME Jennie Stowers

3. (b) If veteran, name war none (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, or single Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 29, 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 9 hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

12. Name William Stowers

13. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Melvina unknown

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

16. (a) Informant A. M. Shepard (nephew)

(b) Address 117 West 2nd, Sedalia, Mo.

17. (a) burial (b) Date thereof 12/10/42 (Burial, cremation, or removal) (Month) (Day) (Year)
Crown Hill

(c) Place: burial or cremation

18. (a) Signature of funeral director Duane Cowley
(b) Address Sedalia Missouri

19. (a) 12/10/42 Mrs. Emma Berger (Date received local registrar) (Registrar's signature)

1022 (Licensed Embalmer's Statement on Reverse Side)

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

10664

RECEIVED
8786 NHT

District Health Officer No. 8,

District File Number -----

Date Filed 1-6-43 -----

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 Ruane Dewey

Licensed Embalmer No. 3847

P. O. Address Sidalia, 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.