

Registration District No. 98

Primary Registration District No. 5867

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Monroe Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Miles South Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Life _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles South Gallatin,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Abigail Bowers

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

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

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

7. Birth date of deceased May 16 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 6 hr. min.

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

10. Usual occupation Farming

11. Industry or business Farm

12. Name William H. Bowers

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Martha Louisa Green

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nettie Bowers

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 1-24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Fork Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt. Co.

(b) Address Gallatin, Mo.

19. (a) 1-26-1943 (b) H. O. Fickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1943 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 27
1940 to January 22 1943;
that I last saw h.e.r. alive on January 22 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into thoracic cavity. Duration 6 hrs.

Due to Carcinoma of Oropharynx 24 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 D

23. Signature Herbert R. Booth (M. D. or other) M.D.
Address Hamilton Mo. Date signed 1/26/43

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

MOTHER FATHER

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.....

L. O. Dickerson

Licensed Embalmer No.....

3302

P. O. Address.....

Dallatin, 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.