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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 11 1943

Registration District No. 95

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5714

State File No. 6921

Registrar's No. 3

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: Lanagan, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- In this community one month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Unknown

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

(d) Street No. 3809 Bigler Way (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Raymond G. Sowles

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

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

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

7. Birth date of deceased April (Month) 26 (Day) 1903 (Year)

8. AGE: Years 39 Months 9 Days 19 If less than one day -- hr. -- min.

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

10. Usual occupation Soldier

11. Industry or business United States Army

FATHER 12. Name James F. Sowles

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

MOTHER 14. Maiden name Rosa A. Sowles

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

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) Feb 17 - 1943 (Date received local registrar) (b) Ina Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1943 hour -- minute -- M.

21. I hereby certify that I attended the deceased from -- , 19--, to -- , 19--; that I last saw him alive on -- , 19--; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral concussion and exposure to cold. — Duration

Due to Automobile accident

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence February 13, 1943

(c) Where did injury occur? Lanagan, McDonald, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place (Specify type of place)

While at work? No (e) Means of injury Auto accident

23. Signature [illegible] (M.D. or other) MC

Address Sta. Hosp. Camp Crowder, Mo. Date signed 2/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-343
Date Filed MAR 10 1943

MAR 17 1943

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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.