DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2826

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 706 Mc.Cann
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 706 McCann
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Charles Joseph Bower

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Reliance Bower

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Nov. (Month) 22 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	16	hr. min.

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

10. Usual occupation U.S. Forest Service

11. Industry or business .....

FATHER
12. Name Frank A. Bower
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah A. McMillian
15. Birthplace Unk. (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. C.J. Bower

(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-8-44 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1944 hour 12 minute 10 p.M.

21. I hereby certify that I attended the deceased from 2-2, 1943, to 1-8, 1944 that I last saw him alive on 1-5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis with Decompensation — Duration about 1 month

Due to .....

Due to .....

Other conditions Hodgkins Disease (Include pregnancy within 3 months of death) — about 3-4 yrs.

Major findings:
Of operations 44 h

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. Roland Lanston (M. D. or other) M.D.

Address Springfield Mo Date signed 1/8/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1944

JAN 3 1 1944

JUN 9 1944

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.