S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 241

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5845

State File No. 3805

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins (Rural) Atchison Tu

(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

In this community 60 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Hopkins (rural)

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

(d) Street No. 6 miles west

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ab Sowers

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Sowers

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

7. Birth date of deceased Oct. 11 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Nodaway County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Lewis Sowers
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Dale Sowers

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) Jan 8 1944 (Date received local registrar) (b) Mrs W G Carpenter (Registrar's signature)

1267

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1944 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 12/1/43, 19__, to 1/6, 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 Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162

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 0

23. Signature [signature] (M. D. or other) M D

Address Hopkins Date signed 1/8/44

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Licensed Embalmer No. 1822.

P. O. Address Maryville 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.