

FILED FEB 18 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 59

Primary Registration District No. 5226

Registrar's No. 21

1. PLACE OF DEATH:

(a) County CASS
(b) City or town RURAL MT PLEASANT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MILES N.W. BELTON, 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 2 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS
(c) City or town BELTON, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi N.W. BELTON, MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME SAMUEL GREEN BOWERS

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE G. BOWERS 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased AUGUST 28 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 6 If less than one day hr. min.

9. Birthplace TIPTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business

MOTHER FATHER { 12. Name JOHN HENRY BOWERS
13. Birthplace VA.
(City, town, or county) (State or foreign country)
14. Maiden name MARY C. CARPENTER
15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Minnie G Bowers
(b) Address Belton Mo.

17. (a) CREMATION (b) Date thereof FEB. 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELWOOD CEM., R.C. MO.

18. (a) Signature of funeral director B. K. Gramp
(b) Address

19. (a) Feb. 8, 1944 (b) Margaret Volla
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 4
1944 to Feb 4 1944
that I last saw him alive on Feb 4 - 1944, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Arteriosclerosis Duration 19 hours

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 820

Major findings: Of operations _____
Of autopsy _____
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 0

23. Signature B. K. Gramp (M. D. registrar)
Address Marion City Mo. Date signed Feb 6 - 44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ROY WATSON I X1851

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

A. K. George

Licensed Embalmer No.

3645

P. O. Address

Grandview, 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, above space should be left blank.