

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8519

State File No.

FILED MAR 30 1944

Registration District No. 357

Primary Registration District No. 4495

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Shelby Co.

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matilda Bower

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

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 10 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

94 0 2 hr. min.

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

10. Usual occupation House wife

11. Industry or business Same

12. Name Ruben Bair

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

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Bower

(b) Address Bethel Missouri

17. (a) Burial (b) Date thereof 2-14-1944
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron cemetery

18. (a) Signature of funeral director William B. ...

(b) Address Shelby, Mo.

19. (a) Mar 4-44 (b) Madge ...
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1944 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 28 1944 to Feb 12 1944, that I last saw h. ev alive on Feb 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of approx. 2 days

Due to Bacterial Pneumonia

Due to Senility

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 2

23. Signature Madge ... (M. D. or other) MD

Address Bethel Mo Date signed Feb 13 1944

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1093

RECEIVED

District Health Officer No. 10

District File Number 3-44-458

Date Filed MAR 7 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 EW Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne - Vt.

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.