

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains (Rural) Howell
(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 7 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains (Rural)
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME William Henry Brower

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 Widowed

6. (b) Name of husband or wife Joan Williams

6. (c) Age of husband or wife if alive 28 years (Year) 1854

7. Birth date of deceased Dec. 28
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Robertson County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Aubrey Brower

(b) Address Thayer, Mo., Route 1

17. (a) Burial (b) Date thereof 1/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis Cem.

18. (a) Signature of funeral director Reg. Carr

(b) Address Thayer, Mo.

19. (a) 3/10-44 (b) Paul J. Taylor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1943 to Jan. 29, 1944
that I last saw him alive on Dec. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Some just condition. Not able to adjust heart.

Due to _____

Due to _____

Other conditions Essentiality
(Include pregnancy within 3 months of death)

Major findings: 1678

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.W. Bingham (M.D. or other) _____
Address West Plains Mo. Date signed 3/10/44

RECEIVED

District Health Officer No. 5,

District File Number 444250

Date Filed 4.10.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.