

FILED DEC 11 1944  
Registration District No. **137**

Primary Registration District No. **3028**

Registrar's No. **239**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1209 Kellar**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **63 years** (Specify whether years, months or days)  
In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1209 Kellar**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **- - -**

3. (a) PRINT FULL NAME **Sidney Clark Bowers**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **491-01-4789**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Effie Mae Bowers**  
6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **December 1 1873**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **3**  
If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **None**

12. Name **Charles C. Bowers**  
13. Birthplace **Unknown New Jersey**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucy Ellen Clark**  
15. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Effie Mae Bowers**  
(b) Address **1209 Kellar, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 7, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**  
(b) Address **Carthage, Missouri**

19. (a) **Nov. 7 '44** (b) **E. Elizabeth Complin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4**  
year **1944** hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept 1943** to **Nov. 4, 1944**  
that I last saw him alive on **Nov 4, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **1 1/2 years**

Due to **466**

Due to

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) (a) Means of injury

23. Signature **D. Russell Smith** (M. D. or other) **MD**  
Address **Carthage Mo** Date signed **11-6-44**

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

MOTHER FATHER

44-12-962

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**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 *Lurey Kneel-Ruckweel*

Licensed Embalmer No. *2510*

P. O. Address *Carthage, 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.