

FILED JAN 12/1945

Primary Registration District No. 5235

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County CEDAR

(b) City or town JERICHO SPES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South Benton Hosp (Princ.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CEDAR

(c) City or town JERICHO SPES
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1 1/2 mile West of Rock Hill Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME ISOM GOWAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27
year 1944 hour 4 00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Dec. 17, 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 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 no years

7. Birth date of deceased JAN 12 1849
(Month) (Day) (Year)

Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day
95 11 15 (Indecent) m.

9. Birthplace DAVIS-Co INDIANIA
(City, town, or county) (State or foreign country)

10. Usual occupation RAILWAY EMPLOY.

11. Industry or business LABORER.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name GOWAN

13. Birthplace DAVIS-Co INDIANIA
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace DAVIS-Co INDIANIA
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. Meyer
(b) Address Jerico Springs

17. (a) Sedalia Mo (b) Date thereof 12/30/44 MO
(Burial, cremation, or cemetery) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director C. Mitchell
(b) Address Jerico Springs

19. (a) Dec 27-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 D

23. Signature Wm. B. Richter (M. D.) or other _____
Address Stockton Mo. Date signed 12-27-44

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

RECEIVED

Health Officer No. 71

Serial No. 12-44-1522

Date Filed 1-6-45

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

J. Mitchell

Licensed Embalmer No. 1908

P. O. Address *Jerico Spgs, Ma*

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.