S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 200

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 142315

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 724 N Clay St
(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 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 724 N. Clay St
(If rural, give location)

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

3. (a) PRINT FULL NAME Jesse Mowry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ellen Deceased

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

7. Birth date of deceased March (Month) - 3 (Day) - 1866 (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Wilkins Mowry
13. Birthplace Not Known (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Eddie R. Mowry
(b) Address 616 Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferguson & Hoop
(b) Address Nevada Mo

19. (a) 12-21-44 (Date received local registrar) (b) Hazel B. Burck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1944 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec 9/44, 19.. to Dec 10, 1944 that I last saw him alive on Dec. 10 -, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	10 Days
Due to advanced age.	
Due to —	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: 162 f
Of operations —
Of autopsy

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

23. Signature J. N. Love (M. D. or other)
Address J. Nevada, Mo. Date signed 12/15/44

1331 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

No. 7,

12-44-1462

Date Filed 1-8-45

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 1760

P. O. Address Neoda Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.