

LED SEP 4 1945

Primary Registration District No. 1000

Registrar's No. 711

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community About 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1216 Frederick Ave. 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Bowzer

3. (b) If veteran, name war No

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mildred Chaney 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Nodaway County Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant St. Joseph Welfare Board

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof Aug. 25, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Clark Martney

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 8-21-45 (b) Helen J. Gable
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1945 hour 7: minute 10 Am.

21. I hereby certify that I attended the deceased from August 20
19 45 August 21 19 45
that I last saw h. im alive on August 20th 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cystitis - pyelitis & d.a.

Due to Chronic pyelonephritis & myocardial infarction

Due to arteriosclerosis 54

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

Major findings: Of operations _____

Of autopsy none

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) none

(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 M.D.

23. Signature Wm. Toombs M.D.
Address Social Welfare Board Date signed 8/23/45

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

MOTHER FATHER

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..... *Emil Clark*

Licensed Embalmer No. *1238*

P. O. Address..... *St. Joseph 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.