S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27935

FILED AUG 21 1945

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 184

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: Residence 2217 Chestnut (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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Hannibal 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 2217 Chestnut 4 (If rural, give location)

(e) Citizen of foreign country? ..... 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: George W. Sowers

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Lucy

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: March 16, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	10	..... hr. ..... min.

9. Birthplace: Marion County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Engineer, Electric Light Plant

11. Industry or business: Retired

MOTHER FATHER

12. Name: Francis Sowers

13. Birthplace: Pennsylvania 1 (City, town, or county) (State or foreign country)

14. Maiden name: Mary Jetteman

15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. George Sowers

(b) Address: 2217 Chestnut Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet Cemetery

18. (a) Signature of funeral director: Wm. M. Lovell

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 6-28-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased ~~XXX~~ on 6-26-45 ~~XXXXXX~~ only ~~XX~~; that I last saw him alive on 6-26-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration: 1 day

Due to: Hypertension

Due to: --

Other conditions: -- (Include pregnancy within 3 months of death)

Major findings:
Of operations: yes
Of autopsy: no

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. C. Shelton (M. D. or other) M. D.

Address: 500 Broadway, Hannibal, Mo. Date signed 6-27-45

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Filson

Licensed Embalmer No. 1399

P. O. Address Hannibal Missouri

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.