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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30716

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (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 Jasper
(c) City or town Prosperity (If outside city or town limits, write "RURAL") 0
(d) Street No. Rt. 1 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Phillip Sheridan Bowers
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1876 (Year)

8. AGE: Years 69 Months 5 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Oil Station
11. Industry or business Operator
12. Father Name Daniel Bowers
13. Father Birthplace Unknown (City, town, or county) a (State or foreign country)
14. Mother Maiden name Unknown
15. Mother Birthplace " (City, town, or county) a (State or foreign country)
16. (a) Informant Mrs. L. Perry
(b) Address R. # 1. Oronogo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lingo Mo.
18. (a) Signature of funeral director Mitt City Undt Co
(b) Address Mitt City Mo
19. (a) 9-24-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 23 year 1945 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from 19..., to 19..., that I last saw h... alive on 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Crush Injury and Fracture of Skull — Duration
Due to Struck on the Head with a heavy object
Due to While being robbed in a filling station
Other conditions (Include pregnancy within 3 months of death) (Unknown Persons)
Major findings:
Of operations
Of autopsy No 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) Homicide
(b) Date of occurrence 9/23/45
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? yes (e) Means of injury Hit on Head

23. Signature H. E. Weifelt (M. D. or other) Dr
Address 214 Joplin Date signed 9/23/45

1464

(Licensed Embalmer's Statement on Reverse Side)

45-9-799

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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.