

FILED DEC 12 1945

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Rural Walker 711
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
California, Mo. Rt 1#2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. California, Mo. Rt # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Wesley Bower

3. (b) If veteran, name war No

3. (c) Social Security No. No

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 _____ years

7. Birth date of deceased Feb 20 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Bower

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

14. Maiden name Elizabeth Bailey

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

16. (a) Informant J. Bower
(b) Address California Mo

17. (a) Rural (b) Date thereof Nov. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cent. California

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo

19. (a) 1-13-45 (b) H.R. Poppey
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1945 hour 8:15 minute 10 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to Diabetic Mel.

Other conditions (Include pregnancy within 3 months of death) about 7 yrs

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 61

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. B. Bower (M. D. or other) _____
Address California Date signed _____

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

8000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-10-65

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.