

S. No. 2
M-2-43
5-17-39
I X35097

FILED JAN 21 1946
Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Clay JACKSON

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

(c) Name of hospital or institution: Celestic Hospital 9th Kansas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 hr.
(Specify whether years, months or days)

In this community 36 hr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Clay 24.

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARENCE CREG BOWERS

3. (b) If veteran, name war no.

3. (c) Social Security No. 496-18-3030

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1946 hour 4 minute 55 A.M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Helen Dorene

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Nov-25-1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1939 to January 3 1946 that I last saw him alive on January 3rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 12 hrs

Due to chronic poisoning 3 days

Due to Chronic Glomerulonephritis 5 yrs

Due to Scarlet Fever (supp. abs.) 6 wks.

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

8. AGE: Years Months Days If less than one day

24 1 11 9 hr. _____ min.

Major findings: Of operations 130

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation office work

11. Industry or business Gen office

12. Name Clarence Creg Bowers

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

14. Maiden name Annias B Walker

15. Birthplace Holt Clay Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eunice B Dorene

(b) Address Holt Clay Co Mo

17. (a) Burial (b) Date thereof 1-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director Leonard Fry

(b) Address Keasney Mo

19. (a) 1-5-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 2

23. Signature Donald R Collins (M. D. or other) N.O.
Address 8210 Woodland N.C. 170 Date signed 1/5/46

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

852

MAY 7 1951

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 Leonard Fry
Licensed Embalmer No. 1677
P. O. Address Kearney 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.