

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie

(c) Name of hospital or institution: St. Gas. Hosp.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 38 years (Specify whether in hospital or institution) _____

In this community 38 years (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 4 mile north of East Prairie
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ENICK ELIZA MOWERY

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

20. DATE OF DEATH: Month Feb day 25
year 1946 hour 7 minute 0 A. M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from 2/9
1946 to 2-25 1946

6. (b) Name of husband or wife _____

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

that I last saw him alive on 2-9 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb 14 1865
(Month) (Day) (Year)

Immediate cause of death myocardial disease of the heart Duration _____

8. AGE: Years 81 Months 11 Days _____
If less than one day _____ hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation Farming

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Unknown

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

Of autopsy None

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Willy Mowery

(a) Accident, suicide, or homicide (specify) _____

(b) Address East Prairie Mo.

(b) Date of occurrence _____

17. (a) Rural (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation W.G.W.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Edward Shelby

While at work? _____ (Specify type of place)
(b) Means of injury _____

(b) Address East Prairie Mo.

23. Signature A. J. Martin (M. D. or other) _____

19. (a) 3-5-46 (b) Vertude G. Harper
(Date received local registrar) (Registrar's signature)

Address East Prairie Date signed 2/26/46

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

5463

700

RECEIVED

District Health Office No. B,

District File Number 346-385

Date Filed 3/13/46

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 Charles Shelby 7

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.