

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14167**

FILED MAY 6 1946

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 North Garner Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 214 North Garner St.
(If rural, give location)
(e) Citizen of foreign country? NO
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Grace Viola Bowers

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Bowers
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 21, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 1
If less than one day
hr. min.

9. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Partridge
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Bowers
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 4/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director Quest-Life F. Home
(b) Address Richmond, Missouri

19. (a) April 26 (b) Maluel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 5:00 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from
4-15-46, 19, to 4-22-46, 19;
that I last saw her alive on 4-21-46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Due to Influenza
Duration 1 wk
10 day

Due to _____
Other conditions Anoplexy
(Include pregnancy within 3 months of death)
2 yrs.

Major findings:
Of operations _____
Of autopsy 332
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)
(c) Means of injury _____

23. Signature Thos. J. Crow (M. D. or X.R.) 0
Address Richmond, Mo. Date signed 4-27-46

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

13070

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.....

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.