

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Wellsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Wellsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Ephraim Trower

3. (b) If veteran, name war #1

3. (c) Social Security No. 489-01-5676

4. Sex male 5. Color or race W.

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

6. (b) Name of husband or wife Lola Trower

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Sept - 8 - 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days - If less than one day hr. min.

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

10. Usual occupation time of a hunter, play

11. Industry or business Iron Shop

12. Name Henry Trower

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

14. Maiden name Margaret Downing

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

16. (a) Informant Mr. Lola Trower
(b) Address Wellsville, Mo.

17. (a) Burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo.
113 Miller

18. (a) Signature of funeral director [Signature]
(b) Address Wellsville, Mo.
19. (a) 10-12-46 (b) Thos. Merritt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1946 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from November 11, 1945 to Oct 8th, 1946
that I last saw him alive on Oct. 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatosis 2 yrs
Due to Carcinoma of Prostate with metastases 2-3 yrs
Due to Secondary Anemia & malnutrition 2 yrs
Other conditions 5/10
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate & metastases
Of autopsy _____

Duration
2 yrs
2 yrs
2 yrs
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)
(e) Means of injury _____
23. Signature E. T. Anderson, M.D. (M. D. or other) M.D.
Address Montgomery, City, Mo. Date signed 10/12/46

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

NOV 22 1946

NOV 29 1946

RECEIVED
District Health Officer No. 8
District File Number
Date Filed

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 Self.
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. B. Welles

Licensed Embalmer No. 1588
P. O. Address Wellesville, 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.