S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 353

FILED JAN 20 1947

Registration District No. _____ Primary Registration District No. 5130 Registrar's No. 4

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution:
R.F.D. NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

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

(d) Street No. R.F.D. NO. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME NANETTE B. WORREL

3. (b) If veteran, name war - - - - - -

3. (c) Social Security No. - - - - - - -

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES W. WORREL

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

7. Birth date of deceased DEC. 5 - UNKNOWN
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
UNKNOWN	?	?	_____ hr. _____ min.

9. Birthplace LIBERTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

FATHER
12. Name WILLIAM HENRY BOWRING
13. Birthplace LIBERTY MO.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCY JANE DOWDALL
15. Birthplace UNKNOWN KY.
(City, town, or county) (State or foreign country)

16. (a) Informant SANFORD WORREL
(b) Address RUSHVILLE MO.

17. (a) BURIAL (b) Date thereof 1-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ARMSTRONG - RUSHVILLE, MO.

18. (a) Signature of funeral director Wm. L. Stanton
(b) Address ATCHISON, KAN.

19. (a) 1-4-47 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 1ST
year 1947 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 13, 1940 to Jan 1, 1947
that I last saw her alive on Dec 31st, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema — Duration
due to congestive heart failure — 24 hrs
Due to Chronic fibrous myocarditis — 8 yrs.
Due to Thyrotoxicosis — many years.
Due to Ascites, peripheral edema, senility
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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

23. Signature Wayne O. Wallace (M. D. or other) M.D.
Address 114 S. 7th, Atchison, Kan. Date signed 1-3-47

3 82 (Licensed Embalmer's Statement on Reverse Side)

SEP 2 1949

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 Wm Stanton L

Licensed Embalmer No. 3778

P. O. Address Atchison, Ka

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.