

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7723**

Registration District No. _____

Primary Registration District No. **3088**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Community Nursing Home 4
(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 ✓
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ESSIE M. LOWERY

8. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased April 3 1886
(Month) (Day) (Year)

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

60 11 3 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name John Bauer

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

14. Maiden name Sarah J. Cane

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

16. (a) Informant Mrs. C. W. Van Avery

(b) Address Beaver Creek, Oregon

17. (a) Removal (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois Mo

18. (a) Signature of funeral director Sumner & Powell

(b) Address Fiskeville Mo

19. (a) 3-10-47 (b) W. H. Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage **96**

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

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

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 6
1947, to March 5, 1947
that I last saw her alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Yaxometer collapse **2 days**

Due to Generalized carcinoma of year
lungs, liver, stomach, rectum,
uterus and urinary bladder

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

Major findings: Of operations _____

Of autopsy 48B

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 M. T. Guterbach (M.D. or other) MD
Address Fiskeville, Mo Date signed 3-6-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 10 1947

RECEIVED
District Health Officer No. 10
District File No. 3-47-573
Date filed MAR 18 1947

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.....

James J. Taylor
working under my personal supervision.

Registered Apprentice No. *436*

Signed *W. L. Summers*

Licensed Embalmer No. *3159*

P. O. Address *Richwood 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, above space should be left blank.