

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 8 1947**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**12291**

State File No. ....

Registration District No. **374**

Primary Registration District No. **6275**

Registrar's No. **21**

**1. PLACE OF DEATH:**

(a) County **North**  
(b) City or town **Rural - Smith Exp**  
(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 **None** (Specify whether)  
In this community **24 yrs** years, months or days

3. (a) PRINT FULL NAME **FRANKLIN L. SOWARDS**

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Sina Sowards** 6. (c) Age of husband or wife if alive **70** years (Month) (Day) (Year)  
7. Birth date of deceased **Nov 1867** (Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **6** If less than one day hr. min.

9. Birthplace **Pentry Co MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

**11. Industry or business**

MOTHER FATHER { 12. Name **Henry Sowards** 13. Birthplace **Ohio** (City, town, or county) (State or foreign country)  
14. Maiden name **Matilda Brumfield** 15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Walter Sowards** (b) Address **Attendale MO**

17. (a) **Burial** (b) Date thereof **Mar 8 1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miller Cemetery**

18. (a) Signature of funeral director **Brown Bros** (b) Address **Danger MO**

19. (a) **Mar 25 1947** (b) **Leta E. Dawson** (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **North**  
(c) City or town **Rural** (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 .....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar** day **6** year **1947** hour **4** minute **PM**

21. I hereby certify that I attended the deceased from **Feb 15** 19**47** to **March 6** 19**47** that I last saw him alive on **March 6** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure** Duration **1 week**

Due to **Kidney nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **3**  
Of autopsy

**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) (Specify nature of injury)  
23. Signature **Charles W. McQuinn** Address **Pentry MO** Date signed **3-10-47**

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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.....

*J. H. Bram*  
Licensed Embalmer No. *2947*

P. O. Address *Denver, 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.**