

No. 2
-1/47
5-17-39

FILED OCT 6 1947

Registration District No. **22**

Primary Registration District No. **1000**

Registrar's No. **1176**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **217 South 18th St**
(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 **most of life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **217 South 18th St**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **John P Bowers**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **March 27, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **27** If less than one day **hr. min.**

9. Birthplace **Van Wert, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheepshearer**

11. Industry or business **Rockhold Commission Co**

12. Name **unknown**

13. Birthplace **unknown**
(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 **Social Security Board**

(b) Address **Patee Hall, St. Joseph, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-25-47**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Barry Funeral Home**

(b) Address **St. Joseph, Mo.**

19. (a) **10-2-47** (Data received local registrar) (b) **H. L. Jenkins** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **24** year **1947** hour **6** minute **45 a. m.**

21. I hereby certify that I attended the deceased from **February 2**, 19**44** to **Sept 24**, 19**47** that I last saw him alive on **Sept 29**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis**

Due to.....

Due to.....

Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Duration

?

?

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings: Of operations.....

Of autopsies.....

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..... years of injury **2**

23. Signature **Clifford L. Steidley** (or other) **MD**

Address **St. Joseph, Mo.** Date signed **9/25/47**

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

m

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.....

Victor Barry

Licensed Embalmer No.....

14212

P. O. Address.....

St Joseph 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.