No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 4374

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4386

State File No. 39082

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Thayer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon 75
(c) City or town: Thayer /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frederick John Bowers
3. (b) If veteran, name war: --
3. (c) Social Security No.: --

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Sarah Bowers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 18 (Day) 1875 (Year)

8. AGE: Years 72 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Iowa / (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: John Bowers
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Waif Clark /
(b) Address: Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleast Hill Cem.
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) 11-24-47 (Date received local registrar) (b) Edith Grass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1947 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on Sept 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease	
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 0

23. Signature: [illegible] M.D. (M. D. or other)
Address: Thayer Mo. Date signed 11-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED
District Health Officer No. 5,
District File Number 1147690
Date Filed 11-26-47

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.