

V. S. No. 2
OM-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9428**

FILED MAR 18 1948

Registration District No. **212**

Primary Registration District No. **3044**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **Miller**

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

(c) Name of hospital or institution:
301 W. 8th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Belean** **66**
(If outside city or town limits, write "RURAL")

(d) Street No. **307 W. 8th St. 1**
(If rural, give location)

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

3. (a) PRINT FULL NAME **MARY TENER BOWERS**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2** year **1948** hour **4** minute **0** P. M.

21. I hereby certify that I attended the deceased from **3/2** 1948 to **3/2** 1948 that I last saw her alive on **3/2** 1948 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jonathan Bowers** 6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **Oct. 23 1864**
(Month) (Day) (Year)

Immediate cause of death **Heart Bloo**

Due to **Acute Indigestion** **2 hrs**

Due to _____

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

8. AGE: Years **83** Months **4** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Cole Co., Missouri**
(City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations _____

Of autopsy **118**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **James M. Connell**

13. Birthplace **Kentucky**
(City, town or county) (State or foreign country)

14. Maiden name **Elyshia Wear**

15. Birthplace **Missouri**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Ecko Belsch**

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

17. (a) **Burial** (b) Date thereof **3-5-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **Belean, Mo.**

19. (a) **3-5-48** (b) **Elvarettta Wall**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **W.D. Walker** (M. D. **no**)
Address **Belean Mo** Date signed **3/4/48**

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed MAR 17 1948

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Adelphi

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.