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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 29 1948

Registration District No. 280

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13658

Primary Registration District No. 5-960

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

(d) Street No. Green Township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Rice Nowers

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife XX

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 22 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	18	____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business farm

FATHER
12. Name John Nower
13. Birthplace Platte Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Lober
15. Birthplace Platte Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jesse Lindsey
(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) 4-15-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Tom H. Hulett Coroner (M. D. or other)
Address Platte City Mo. Date signed 4-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-28-48

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 W. R. Vaugh

Licensed Embalmer No. 4023

P. O. Address Weston, 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.