

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28804  
Registrar's No. 134

FILED SEP 29 1948 / 10

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 539 W. Maple  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 539 W. Maple  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Maggie Stowers

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F / W

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charles Stowers

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

7. Birth date of deceased Dec. 16, 1874  
(Month) (Day) (Year)

8. AGE:

Years 73 Months 9 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Boone County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Widow

11. Industry or business

12. Name Sylvester Roberts

13. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name DK

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

16. (a) Informant Fred Roberts

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 9/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt River Cemetery

18. (a) Signature of funeral director Unwitnessed

(b) Address Mexico, Mo.

19. (a) 9/20/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1948 hour 4 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 19, 1948 to Sept 19, 1948  
that I last saw her alive on Sept 19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Duration

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? 3

While at work \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John A. Owens (M. D. or other) DO

Address Mexico, Mo. Date signed 9/20/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-48-16

Date Filed SEP 28 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.....

*Charles J Reed*

working under my personal supervision.

Registered Apprentice No. 210

Signed *Clara Amundson*

Licensed Embalmer No. 3569

P. O. Address *Mexico, N*

**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.**