

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 3 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39437**  
Registrar's No. **1392**

Registration District No. **42** Primary Registration District No. **1000**

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: **Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
In this community **19 years** (Specify whether 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. **2220 No. 3rd St.** /  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **GEORGE ANNIE SOWELL**

3. (b) If veteran, **No** name war. 3. (c) Social Security **none** No.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **James W.**  
6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **November 29, 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75** **0** **25** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Asa Reeves**

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 **James W. Sowell (husband)**

(b) Address **2220 No. 3rd St., City**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/27/48** (Month) (Day) (Year)  
(c) Place: burial or cremation **Edgerton Missouri**

18. (a) Signature of funeral director **John C. Rupp**  
(b) Address **6054 Pryor Ave., City**

19. (a) **12-29-48** (Date received local registrar) (b) **J. C. Jenkins** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **24,** year **1948** hour **12** minute **noon** M.  
21. I hereby certify that I attended the deceased from **December 20, 1948** to **December 24, 1948**  
that I last saw her alive on **December 24, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** Duration **5 das.**

Due to

Due to

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

Major findings:  Of operations **107**

Of autopsy **12/24/48 Report not available at present time.**

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

23. Signature **Wm W. Cain** (M. D. ~~XXXXX~~)  
Address **The Tootle Building** Date signed **12-24-48**

Duration  
**5 das.**

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

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

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**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.....

*John E. Rupp*

Licensed Embalmer No. *7986*

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.**