S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40859

FILED DEC 23 1948

Registration District No. 291

Primary Registration District No. 5811

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural Montgomery
(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
In this community life
years, months or days)

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

3. (a) PRINT FULL NAME Kenneth W. Trower
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 22nd 1948 (Month) (Day) (Year)

8. AGE: Years | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace St. Charles Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Edward Trower
13. Birthplace Lincon Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Flossie Hendricks
15. Birthplace Buell Mo (City, town, or county) (State or foreign country)
16. (a) Informant Edwin Trower
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 15 48 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Mo Cem
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) 12-21-48 (Date received local registrar) (b) Orvian J Spires (Registrar's signature) 209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15th
year 1948 hour 5 minute 45 P M.
21. I hereby certify that I ~~attended~~ VIEWED the deceased ~~from~~ AT-6:30 P.M. 15 DEC, 1948, ~~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 MENINYCAL Hemorrhage Crushed - Right Frontal and occipital Bones of Skull
Due to injuries from - auto truck Collision -
Due to
Other conditions Crushed Chest - (Include pregnancy within 3 months of death) internal injuries -
Major findings:
Of operations
Of autopsy

Duration

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) ACCIDENT
(b) Date of occurrence 15 DEC. 1948
(c) Where did injury occur? BUELL (City or town) MONTGOMERY (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HIGHWAY Buell Mo (Specify type of place)
While at work? MO (e) Means of injury Auto-truck Collision
23. Signature Clement M Lemmet DDS (M. D. or other) Coroner
Address Montgomery City Mo Date signed 12/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.