No. 300
10.48

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

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9429

State File No. ____

BIRTH NO. ____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Centrel
c. LENGTH OF STAY (In this place): 81 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Henery
b. (Middle): W
c. (Last): Mowry

4. DATE OF DEATH (Month) (Day) (Year): March 19 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 25 1867
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unkown
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Alvena Kiefer 403 West North St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, cerebral — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5-10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

450

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~4:30 AM~~ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 March *19*49, *to* 19 March *19*49, *that I last saw the deceased alive on* 19 March *19*49 *and that death occurred at* 4:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: F W Felk (Degree or title): MD
23b. ADDRESS: Perryville Mo
23c. DATE SIGNED: 3/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 21 1949
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Perryville Mo.

DATE REC'D BY LOCAL REG.: Mar 21-49
REGISTRAR'S SIGNATURE: Joe J Zellner 250
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Young & Sons Perryville mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 449-497

Filed 4-13-49

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsville

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.