

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 26 1943 974

Registration District No. ....

Primary Registration District No. 3052

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
728 East 5th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one month  
(Specify whether years, months or days)  
In this community one month

3. (a) PRINT FULL NAME Luther Mowery

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \*\*\* 6. (c) Age of husband or wife if alive \*\*\* years

7. Birth date of deceased April 9, 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (common) and Farmer

11. Industry or business

12. Name Henry Mowery

13. Birthplace unknown, Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Irene Embree

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

16. (a) Informant Ben Mowery

(b) Address 3600 South Kentucky, Sedalia

17. (a) Burial (b) Date thereof 5/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery  
six miles southeast of Sedalia

18. (a) Signature of funeral director James Turner

(b) Address Sedalia, Mo.

19. (a) May 7, 1943 (b) Signature of Registrar James Turner  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Spring Fork  
(If outside city or town limits, write "RURAL")  
Route 1  
(d) Street No. No. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 day  
1943 year 3:30 hour A.M. minute

21. I hereby certify that I attended the deceased from May 5, 1943 to May 6, 1943  
that I last saw him alive on May 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions Myocardial Insufficiency  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 928

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(a) 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) (e) Means of injury 928

23. Signature James Turner (M. D. or other) 928

Address Sedalia, Mo. Date signed 5/7/43

Duration Sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEV.  
Control Office No. 1  
District File Number  
Date Filed

*L. Beckmeyer*

MAY 26 1943

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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

*Robert H Reed*

Licensed Embalmer No.

*3745*

P. O. Address

*Sealasia 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.