

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

MOY 6-17-39 I X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 689

Primary Registration District No. 2033

Registrar's No.

1. PLACE OF DEATH:

(a) County. Pike

(b) City or town. Wassonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 3 weeks

3. (a) PRINT FULL NAME NAMAN DANIEL TROWER

3. (b) If veteran, - name war -

3. (c) Social Security No. 600

4. Sex MALE

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ZELLA TROWER

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

7. Birth date of deceased 12 25 1908
(Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Arch Trower

13. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edna Bage

15. Birthplace Montgomery Co. Mo
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Hospital Records

(b) Address Wassonville Mo

17. (a) Burial (b) Date thereof 9-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton Mo

18. (a) Signature of funeral director Jones & Wells

(b) Address Middleton Mo

19. (a) 9-25/39 (b) W. H. Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Wassonville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25 year 1939 hour _____ minute 8:45 A.M.

21. I hereby certify that I attended the deceased from 9-1-39 to 9-25-39 and that death occurred on the date and hour stated above.

that I last saw h. live on 9-25-39 1939.

Immediate cause of death Chronic Myocarditis

Due to Pulmonary Thrombosis

Due to Pneumonia

Other conditions 78
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Kelley (M. D. or other) _____

Address Wassonville Mo Date signed 9/25/39

RECEIVED

District Health Officer No. 10

District File Number 10-29-1709

Date Filed OCT 3 1939

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.....

K. B. Stells, Registered Apprentice No.
working under my personal supervision.

Signed K. B. Stells

Licensed Embalmer No. 1588

P. O. Address Yellowville 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, above space should be left blank.