

Registration District No. 44 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 1509 Jackson
(d) Length of stay: In hospital or institution 35 years
In this community 35 years

3. (a) PRINT FULL NAME Hugh Manson Sowers
3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-16-2301

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec. 4 - 1875

8. AGE: Years 64 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Callaway County, Missouri

10. Usual occupation Carpenter

11. INDUSTRY OR BUSINESS
12. Name Addison Sowers
13. Birthplace North Carolina
14. Maiden name Emaline Henton
15. Birthplace Missouri

16. (a) Informant's own signature Helen Sowers
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 2-27-40
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Shambill-Dillon
(b) Address Joplin, Mo. 372

19. (a) 2-27-40 (b) W. S. Jamieson

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1509 Jackson
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 25 year 1940 hour 6:30 minute 2 P. M.
21. I hereby certify that I attended the deceased from 2-21-40 to 2-25, 1940

that I last saw him live on 2-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Arterio Sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. S. Jamieson (M. D. or other) _____
Address Joplin, Mo. Date signed 2-26-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

50M-5-17-39
Rev. 5-17-39
West Kross

RECEIVED

District Health Officer No. 6,

District File Number 340-753

Date Filed MAR 8 1940

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 Don Titick

Licensed Embalmer No. 4108

P. O. Address Joplin, 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.