

No. 2  
-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28305**

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **222**

~~FILED~~ AUG 10 1940

1. PLACE OF DEATH:

(a) County **Cole** **SEP 19 1940**

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

(c) Name of hospital or institution: **Missouri State Penitentiary**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Hospital--**  
(Specify whether years, months or days)

In this community **7 yrs. 3 mos.**

3. (a) PRINT FULL NAME **DAVID BOWERS** **67** **(42,326)**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Lottie D. Bowers** **alive** **years**

6. (c) Age of husband or wife if **August 22, 1864**

7. Birth date of deceased **August 22, 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>0</b>	<b>9</b>	hr. min.

9. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **9**

12. Name **Unknown** **9**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. M. W. Kelly**

(b) Address **Jefferson City, Mo.**

17. (a) ~~Place of burial~~ **9/1/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wakes at home**

18. (a) Signature of funeral director **Shop of Gordon**

(b) Address **Jefferson City, Mo.**

19. (a) **8/1/40** (Date received by local registrar)

(b) **Dr. M. W. Kelly** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**

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

(d) Street No. **11**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31**  
year **1940** hour **12** minute **35** A.M.

21. I hereby certify that I attended the deceased from **June 1**  
**1940**, to **August 31**, 19 **40**  
that I last saw him alive on **August 31**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prostatic Hypertrophy**

Due to **Pyelonephrosis**

Due to **10/1**

Other conditions **10/1**  
(Include pregnancy within 3 months of death)

Major findings: **10/1**  
Of operations

Of autopsy

Duration

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? **11**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Marshall W. Kelly** (M. D. or other) **1**

Address **MARSHALL W. KELLY M. D.** **Jefferson City, Mo.**

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

*Joseph J. Gordon*  
Signed: .....

.....  
Licensed Embalmer No. ....

.....  
P. O. Address .....

*1986*  
*Jefferson City 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.**