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FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13717  
State File No.

Registration District No. 399

Primary Registration District No. 100

1698  
Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5308 - Oak St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emer Mowry

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 Mrs. Rena Mowry 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 5 - 1873  
(Month) (Day) (Year)

8: AGE: Years 67 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Tiskilwa Ill - 1  
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Atwell Mowry

13. Birthplace Northsmithfield Rhode Island  
(City, town or county) (State or foreign country)

14. Maiden name Maui Elizabeth Mc Feeley

15. Birthplace St Paul Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Rena Mowry

(b) Address 5308 - Oak St

17. (a) Removal (b) Date thereof Apr - 29 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malene Ill

18. (a) Signature of funeral director Wm. C. R. Foster

(b) Address 918 Brooklyn H.E. no

19. (a) Apr 29 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5308 - Oak St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1941 hour 5 minute 00 P.

21. I hereby certify that I attended the deceased from Feb 13 - 1 1941 to April 27 1941; that I last saw him alive on April 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mortal Respiratorin Chronic enlargement of heart High blood pressure  
Due to  
Due to

Other conditions General Edema  
(Include pregnancy within 3 months of death)

Major findings: Of operations 97 B  
Of autopsy 92 B  
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 0

23. Signature E. H. Perkins (M. D. or other) 0  
Address 520 Maple Bldg 400 Date signed 4/25-1941

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.....

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

working under my personal supervision.

Signed *Richard C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. P. no*

**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.**