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X2315

FILED AUG 11 1941 29

State File No.

Registration District No.

Primary Registration District No. 5038

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, (Rural)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
In this community Most of lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. East of Cassville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th.
year 1941 hour 6:45 A.M. M.

21. I hereby certify that I attended the deceased from Jan. 15 1941 to Jan. 15 1941;
that I last saw him alive on Jan. 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Chronic Rheumatic

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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 Herbert M. Salzer (M. D. or other)
Address Cassville, Mo. Date signed

3. (a) PRINT FULL NAME Timothy Bowers

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

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

6. (b) Name of husband or wife Mary Walters Bowers 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 24th. 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 26 hr. min.

9. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

12. Name Oren Bowers

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

14. Maiden name Francis Owen

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

16. (a) Informant Miss Maggie Bowers

(b) Address Cassville, Mo. Route

17. (a) Burial (b) Date thereof 1/21/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Spgs. Cem.

18. (a) Signature of funeral director Horsine-Culver

(b) Address Cassville, Mo.

19. (a) April 3, 1941 (b) Geo. W. Neuman, M.D.
(Date received local registrar) (Registrar's signature)

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

0067

RECEIVED

District Health Officer No. 6,

District File Number 841-1315

Date Filed AUG 7 1949

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 J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Cassville, 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.