

6. No. 2  
-1-4-41  
5-17-39  
X26390

2081

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED FEB 21 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. 5215

1. PLACE OF DEATH:  
(a) County Crawford  
(b) City or town Rural Union, Mo.  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Crawford  
(c) City or town Rural Union  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha A. Bowers  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 8<sup>th</sup>  
year 1942 hour 11 minute 05 A.M.  
21. I hereby certify that I attended the deceased from June 1  
1940 to June 8 1942  
that I last saw her alive on June 6 1942  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife W.R. Bowers (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 18 1870  
(Month) (Day) (Year)

Immediate cause of death Fractured pelvis (Hemorrhage) Duration 2 yrs

8. AGE: Years 71 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Phelps Co. Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Homemaker

Major findings: Of operations 117a  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Wm Bean  
13. Birthplace Team 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Fishman  
15. Birthplace Team 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Edgar Schumate  
(b) Address Wesaco Mo  
17. (a) \_\_\_\_\_ (b) Date thereof 2 10-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesaco Cemetery  
(d) Signature of funeral director J.D. James  
(e) Address Steelville Mo  
(f) Date received local registrar 2/12/42  
(g) (Registrar's signature) \_\_\_\_\_  
23. Signature William J. Brewer  
Address St. James Mo Date signed 2/12/42

18. (a) Signature of funeral director J.D. James  
(b) Address Steelville Mo  
19. (a) 2/12/42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

1-42  
773

FEB 20 1942

**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 *L. J. Jones*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*L. J. Jones*

Licensed Embalmer No. *2379*

P. O. Address. *Steelville 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.**