

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 8 1942

Registration District No. 288

Primary Registration District No. 5764

Registrar's No. 74

64  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: MONROE CITY / R.F.D. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 73 yrs - 170y  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Monroe City RFD 4  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis Marion Bower

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rachel E. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 7, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Marion County (City, town, or county) (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name Jacob Bower

13. Birthplace Mo. Jan. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Hardin

15. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel E. Bower

(b) Address Monroe City, Mo R.F.D. 4

17. (a) BURIAL (b) Date thereof 11/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Andrew Chapel, Marion Co.

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo.

19. (a) 11/27/42 (b) Mrs. Margaret Maddox  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 24  
year 1942 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Feb 24, 1942 to Nov 24, 1942  
that I last saw him alive on Nov 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS AND OCCLUSION

Due to \_\_\_\_\_

Due to Arterio-Sclerosis 10 1/2

Other conditions (Include pregnancy within 3 months of death) 94a

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? ✓ (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)

(b) Means of injury 0

23. Signature John H. Hilde (M. D. or other)

Address Monroe City, Mo. Date signed 11/25/42

(Licensed Embalmer's Statement on Reverse Side)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 my me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lois L. Wilson

Licensed Embalmer No. 3014

P. O. Address Home 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.**