

Dr Long

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 HRS
(Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. 321 W. 6th
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA LUCILLE MOWREY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEE MOWREY 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 4 - 27 - 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>19</u>	hr. _____ min.

9. Birthplace LAMONTE Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name SAMUEL JESSE GRINSTEAD

13. Birthplace LONGWOOD Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name LUMMIE BERRY

15. Birthplace MAYESVILLE KY 1
(City, town, or county) (State or foreign country)

16. (a) Informant LEE MOWREY

(b) Address SEDALIA Mo.

17. (a) BURIAL (b) Date thereof 10-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, Mo.

19. (a) 10/16/43 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16th
year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from May 1941 to Oct 16 1943
that I last saw him alive on Oct 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-Pneum.
Due to Infection

Due to Coronary Artery, Secondary Auscultation
Other conditions Pyelitis and Calculi
(Include pregnancy within 5 months of death)

Major findings: 450
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)
(e) Means of injury _____

23. Signature Dr. Anna Berger (M. D. or other) MD
Address Sedalia Mo. Date signed 10/16/43

Duration

3 days

15 Mo's

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

890
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

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 _____

L. E. Boulton

Licensed Embalmer No. _____

9867

P. O. Address _____

Bedford

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.