

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6836**
Registrar's No. **9836**

FILED MAR 1 1944
Registration District No. **157A**

Primary Registration District No. **4097**

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 401 No. Lexington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) **PRIME** FULL NAME Marion Vincen Stowe
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 24
year 1944 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from 8th 1943 to Sept 24 1944
that I last saw him alive on Feb 24 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced M
7. (b) Name of husband or wife Ida May King 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec 16 - 1878
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis
terminal
Cancer of Oesophagus
Due to _____
Duration 1 yr.
Due to _____
Other conditions Nephritis Chronic 4 yrs.
(Include pregnancy within 3 months of death)

8. AGE: 65 Years 2 Months 12 Days If less than one day _____ hr. _____ min.

Major findings: Of operations H60
Of autopsy No Autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace Wataeka Ill
(City, town or county) (State or foreign country)
10. Usual occupation Section Hand & Farmer

11. Industry or business _____
12. Name John Stowe
13. Birthplace Indiana
(City, town or county) (State or foreign country)
14. Maiden name Mathie Clark
15. Birthplace Indiana
(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? _____
While at work? _____ (Specify type of place) (Years of injury) 2 yrs.
23. Signature Dr. E. H. Owen (M. D. or other) 2 00
Address Harrisonville Mo Date signed 2/26/44

16. (a) Informant Marion F. Stowe
(b) Address 305 1/2 St Harrisonville
17. (a) Buried (b) Date thereof 2/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery
18. (a) Signature of funeral director William V. Siro
(b) Address Harrisonville Mo
19. (a) Feb 26, 1944 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

1047

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

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

Signed

Lloyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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.