

S. No. 2
M-542
v. 5-17-39
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13983

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 1 1944

Registration District No. 4

Primary Registration District No. 5023

Registrar's No.

1. PLACE OF DEATH:

(a) County AUDRAIN TWP

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

(c) Name of hospital or institution: 1
(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 Redwood

(c) City or town Sailing Twp Bena
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME ANNIE EDITH BOWNE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1940 to 4/22/44, 19____; that I last saw h. alive on 4/22/44 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 Widow

6. (b) Name of husband or wife ANDY BOWNE

6. (c) Age of husband or wife if alive _____ years 1859

7. Birth date of deceased: Apr (Month) 1859 (Day) (Year)

8. AGE: Years 85 Months 0 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 938

Of operations _____

Of autopsy _____

9. Birthplace OHIO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name ANDREWS

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

14. Maiden name Mo

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

16. (a) Informant Jake Brown

(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Appleton Chapel Indian C.

18. (a) Signature of funeral director J. M. McDaniel

(b) Address Centralia, Mo.

19. (a) 4/24-1944 (Date received registrar) (b) Mrs. Ash Clayton (Registrar's signature)

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 [Signature] (M. D. or other)

Address Centralia Mo Date signed 4/23/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

M. J. McSawed

Licensed Embalmer No.

4313

P. O. Address

Centerville 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.