

FILED JUN 8 1944

Registration District No. _____

Primary Registration District No. 3004

Registrar's No. 30

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Lamar
 (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 1 1/2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton 6
 (c) City or town Lamar (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME FLORA BELL MOWBRAY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 8th
 year 1944 hour 3 minute 40 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Freemont Mowbray 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 23 1870
 (Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis Duration 3
 Due to _____
 Due to _____

8. AGE: Years 74 Months 1 Days 15 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 97
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Dana, Indiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Joel Dicken
 13. Birthplace Unknown (State or foreign country) 9
 14. Maiden name Lucy Fisher
 15. Birthplace Unknown (State or foreign country) 9

23. Signature [Signature] (M. D. or _____)
 Address Lamar Mo Date signed 5/9/44

16. (a) Informant Mrs. W. W. Sanford
 (b) Address Lamar, Missouri
 17. (a) Removal (b) Date thereof May 11 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dana, Indiana
 18. (a) Signature of funeral director KONANTZ FUNERAL HOME
 (b) Address Lamar, Missouri
 19. (a) 5/9/44 (b) Martha River
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 644-687

Date Filed JUN 7 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.