

FILED
Registration District No. 114

MAY 7 1946

Primary Registration District No. 3006

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 Providence Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 2 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME REBECCA ANN BOWERS

3. (b) If veteran, name war..... None
3. (c) Social Security No..... None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Samuel R. Bowers
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 6 - 5 - 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 7 ..hr. ..min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John T. Carns

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

14. Maiden name Elizabeth Lilly

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

16. (a) Informant Mrs. Jesse Horton

(b) Address 601 Providence Rd., Columbia, Mo.

17. (a) Removal (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper, Mo.

18. (a) Signature of funeral director Carver Funeral Service
Columbia, Mo.
(b) Address

19. (a) 4-14-46 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Providence Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from patient died upon arrival
that I last saw h. at home 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis / MI Duration

Due to arterio sclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Charles A. Leach Jr. M.D. or other MD
Address Columbia, Mo Date signed April 14, 1946

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

11081

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-4-46

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 W. L. Loring
Licensed Embalmer No. 41327
P. O. Address Columbia, 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.