S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH STATISTICS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12419

Registration District No. 30 | Primary Registration District No. 5102 | Registrar's No. 17

1. PLACE OF DEATH:

(a) County BENTON

(b) City or town WARSAW Tristor Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community wife

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON 8

(c) City or town WARSAW "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME IDA F MOWELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife G. R. MOWELL

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MARCH (Month) 7 (Day) 1871 (Year)

8. AGE: Years 76 | Months 0 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace BENTON County (City, town, or county) MO (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

FATHER
12. Name ROBERT DALTON
13. Birthplace (City, town, or county) JENNY (State or foreign country)

MOTHER
14. Maiden name MARY HOPPER
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant G. R. MOWELL
(b) Address WARSAW

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation NEW HOME

18. (a) Signature of funeral director Reser Funeral Home
(b) Address WARSAW

19. (a) Apr. 5-1947 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov-1, 1945 to Apr 5, 1947 that I last saw her alive on Apr 1-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Chronic Myocarditis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature James A. Logan (M. D. or other)
Address Warsaw Mo Date signed 4/6/47

23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-47-432
Date Filed 4-14-47

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 John G Rees

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.