

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25206

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 237

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 203 W. School St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL" _____)

(d) Street No. 303 W. School St
(If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME PERNIE GOWER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 12th
1947 to July 13th 1947
that I last saw her alive on July 13 1947
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 Widowed

6. (b) Name of husband or wife John W. Gower

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

7. Birth date of deceased Feb. 10 1860
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Right Breast

Duration 4 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 84 Months 5 Days 3 If less than one day _____br. _____min.

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

10. Usual occupation Retired

Major findings: Of operations None

Of autopsy not done

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William C. Henson

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

14. Maiden name Mable Graham

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

16. (a) Informant E. P. Gower

(b) Address 203 W. School Bonne Terre Mo

17. (a) Removal (b) Date thereof 7-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Percy, Illinois

18. (a) Signature of funeral director Benham Ltd. Co

(b) Address 313 Benham Bonne Terre Mo

19. (a) 7-16-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature) or _____

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 C. E. Sutton (M. D. or other) _____

Address 114 W. Bonne Terre Date signed 7/14/47

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

RECEIVED

District Health Officer No. 4
District File Number 747-949
Date Filed 7-21-47

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 Clarence J. Claywell
Licensed Embalmer No. 3406
P. O. Address Boone, Iowa 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.