

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31888

State File No.

FILED OCT 15 1947

Registration District No. 227

Primary Registration District No. 5805

Registrar's No. 49

1. PLACE OF DEATH:

(a) County. MONROE
(b) City or town. RURAL - JEFFERSON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 MI. S. OF VICTOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community 40 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MONROE 69
(c) City or town. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 MI. S. OF VICTOR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SALINA ELIZABETH MOWEN

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUIS MOWEN 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased JULY 8, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 27 If less than one day hr. min.

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name HENRY MURPHY
13. Birthplace KY.
(City, town, or county) (State or foreign country)
14. Maiden name LOUISE HUGHES
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant LOUIS MOWEN
(b) Address RT 1, STANTSVILLE MO.
17. (a) BURIAL (b) Date thereof OCT. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VICTOR

18. (a) Signature of funeral director Speed Blakely
(b) Address PARIS, MO.

19. (a) 10-6-47 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5TH
year 1947 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 30
1947 to 10-5-1947
that I last saw him alive on 10-5- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 11 days

Due to

Due to

Other conditions. 107
(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?

While at work? (Specify type of place)

(e) Means of injury A

23. Signature F.A. Barnett (M. D. or other) MD
Address PARIS, MO Date signed 10-6-47

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

RECEIVED
District Health Officer No. 10
District File Number 10-47-423
Date Filed OCT 14 1947

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..... *E. P. Agnew*

Licensed Embalmer No. 4000

P. O. Address..... Paris, 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.