

FILED SEP 16 1947

Registration District No. **237**

Primary Registration District No. **6139**

Registrar's No. **88**

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural - Black Creek
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby/02
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 south of Bethel
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lula Alice Bower

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Lawrence Bower

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 23 (Month) (Day) (Year)

1872 (Year)

8. AGE:

Years

Months

Days

If less than one day

74

7

27

hr. min.

9. Birthplace Knox County (City, town, or county)

Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Vanskike

13. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Katherine Hayden

15. Birthplace Not known (City, town, or county) Not known (State or foreign country)

16. (a) Informant Lawrence Bower

(b) Address Shelbyville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 21 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Zion

18. (a) Signature of funeral director C. W. Musgrave

(b) Address Bethel, Mo.

19. (a) Sept 12-47 (Date received local registrar) (b) Ruth Garner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1947 hour 2:55 A.M. minute A M.

21. I hereby certify that I attended the deceased from June 1947 to Aug 20 1947

that I last saw her alive on Aug 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Causes of lung + chest Duration _____

Due to Prognant metastases from carcinoma of breast

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 50

Of autopsy _____

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 2

23. Signature Glady's Bower (M. D. or other) MD

Address Shelbyville Mo Date signed Aug 30

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
9:47:1232
Date Filed SEP 15 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.....

Self....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. Musgrove*.....

Licensed Embalmer No. *2719*.....

P. O. Address *Bechtel, 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.