

FILED JAN 7 1948

Registration District No.

Primary Registration District No. 5035

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Cudaimin
(b) City or town Rural - Saling
(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 5 1/2 None years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cudaimin 4
(c) City or town Rural 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi - N. of Sturgeon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME AUGUSTA BERNARD SOWERS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lorene Sowers 6. (c) Age of husband or wife if alive 12-1873 years
7. Birth date of deceased: Aug 12-1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Rexington N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Augustus Sowers
13. Birthplace N.C.
(City, town, or county) (State or foreign country)
14. Maiden name Sally Martha Winkler
15. Birthplace N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe H. Dailing
(b) Address Centerville, Mo

17. (a) Burial (b) Date thereof Jan 2 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleson Chapel

18. (c) Signature of funeral director Barnes & Poole
(b) Address Sturgeon Mo

19. (a) 1/2/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1947 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from 30 Nov 45
to 12/31/47, 19____ to 12/31/47, 19____
that I last saw him alive on 12/31/47, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration _____
Due to Kremic Poisoning 10 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations V Of autopsy _____
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 2
23. Signature A Barnes & Poole or other 10
Address Sturgeon Mo Date 1/1/48

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

JAN 25 1954

RECEIVED
District Health Officer No. 1
District File Number 1-18-4
JAN - 6 1948
Date Filed

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..... *A.E. Boothe*
Licensed Embalmer No..... *4087*
P. O. Address *Sturgeon - 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.