

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

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-39
7-39
136671

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 13

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. About 4 years (Specify whether years, months or days)

In this community About 4 years

3. (a) PRINT FULL NAME Edison Gower

3. (b) If veteran, name war World 2

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Inez Gower

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

7. Birth date of deceased February 26 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>1</u>	<u>4</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Steele, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Franklin Gower

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

14. Maiden name Margaret Stewart

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

16. (a) Informant Inez Gower

(b) Address Lilbourn, Missouri

17. (a) Burial (b) Date thereof 4-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Cem

18. (a) Signature of funeral director La Forge and Co.

(b) Address Camdenville, Missouri

19. (a) 4-3-48 (b) H. L. Gorder Deputy Registrar's signature
(Date received local registrar) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Lilbourn 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 5 minute 20 PM.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide shot self behind
Due to right ear with 38 pistol

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 3-30-48

(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?
 public place
(Specify type of place)

While at work? (e) Means of injury shot self

23. Signature Leo F. Jodgessath Coroner 3
(M., D., or other)

Address New Madrid, Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 14 1948

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.....

Licensed Embalmer No.

P. O. Address.....

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.