S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29602

FILED OCT 15 1948

Registration District No. 4 D

Primary Registration District No. 4229

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Rural, Franklin Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---- (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --- (Specify whether years, months or days)
In this community: 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howard
(c) City or town: Rural Fayette, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: R. R. 4 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: August Bowers
3. (b) If veteran, name war: ----
3. (c) Social Security No.: -----
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Cornelia Frances Cropp
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: August (Month) 1, (Day) 1865 (Year)
8. AGE: Years 83 Months 0 Days 25 If less than one day: hr. min.
9. Birthplace: Wurms (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ----
MOTHER FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. E. J. Dickey
(b) Address: R. R. 4 Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Ridge Cem.
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette Missouri
19. (a) 10-2-48 (Date received local registrar) (b) Mrs Lee Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 26 year: 1948 hour: 8 minute: 30 A. M.
21. I hereby certify that I attended the deceased from August 10, 1947, 19..., to 8-26-48, 19...; that I last saw him alive on 8-25-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	1 week
Renal failure	10 days
Due to: arteriosclerotic cardio-renal disease	5+ years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: B. M. Stuart (M. D. or other) M.D.
Address: 325 Main St. Boonville Date signed: 9-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-14-48

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, ~~only~~ ....., Registered Apprentice No....., working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.