S. No. 2
—1/47
5-17-39

80
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30579

Primary Registration District No. 3052

Registrar's No. 291

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 916 W. 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 916 W. 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Glover Bowers
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 69 ~~70~~ Months 10 Days 24 If less than one day hr. min.

9. Birthplace Pettis Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired School Teacher
11. Industry or business

FATHER
12. Name Joseph Bowers
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Alice Bouldin
15. Birthplace Georgetown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs B. E. Broaddus
(b) Address 916 W. 5th Sedalia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 10-9-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7
year 1948 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from 6 - 1948 to 10/7 1948
that I last saw her alive on 10/6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma	
Metastasis of lungs	2 yr
Due to Spinal & 3 Ribs	
Due to Carcinoma of Right Breast	5 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Radical Breast 3 yr ago
Of autopsy no

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 D P Dyer (M. D. or other) M.D.
Address Sedalia Mo Date signed 10/8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Lyon

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10-13-48

NOV - 5 1948

AUG 5 1954

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 R. P. M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.