

U.S. No. 300
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Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1948

Registration District No. 72

Primary Registration District No. 5-292

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Clay *Platte Trails*

(b) City or town Smithville Mo. Route No. 1-
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 7 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay *24*

(c) City or town Smithville Mo. Route No. 1-
(If outside city or town limits, write "RURAL") *4*

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Enoch B. Mowery

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male *U*

5. Color or race White

6. (a) Single, widowed, married, divorced Wid. *2*

6. (b) Name of husband or wife Bertha Mowery

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

7. Birth date of deceased March 4 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Mowery

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Edwards

(b) Address Smithville Mo. Route 1-

17. (a) Burial (b) Date thereof 12-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. Dec 13-48 (b) Rebecca Hitchcock
(Date received local registrar) (Registrar's signature) *63*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10.
year 1948 hour 4 minute A. M.

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

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Coronary Disease

Due to Coronary Disease

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

Major findings: _____

Of operations _____

Of autopsy 8312

PHYSICIAN _____

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) Cerebral Hemorrhage

(b) Date of occurrence 12-10-1948

(c) Where did injury occur? Smithville, P.O. 1, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, P.O. 1, No. 1, Smithville, Mo.
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. W. Trasher (M. D. or other) Coroner

Address Excelsior Springs, Mo. Date signed 12-10-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed

12-30-48

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.