

FILED JAN 22 1945
Registration District No. _____

Primary Registration District No. **30465796** Registrar's No. **222**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **Rural Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
California, Mo., Rt #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **California, Mo., Rt #2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Louisa Bower**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **B.W. Bower** 6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased: **Dec 21 1880**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **29** If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business _____

12. Name **John Wittman**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Baker**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. P. Jowers**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 21. 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cent. California**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **12-21-44** (b) **W. P. Jowers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **twenty-first** year **1944** hour **11** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 15 1944** to **Dec 19 1944**

that I last saw ~~him~~ alive on **Dec 15th** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis degenerative changes**

Due to **Pneumonia**

Due to **69**

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) _____

(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? **California**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Burke Jr.** (M. D. or other) _____

Address **California, Mo.** Date signed **12-20-44**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

132

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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 M. E.
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bowlin
Licensed Embalmer No. 2126
P. O. Address Salmonia, 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.