

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18229

Do not use this space.

1. PLACE OF DEATH

(a) County Sentry Registration District No. 311
 (b) Township Boyle Primary Registration District No. 5430 Registered No. _____
 (c) City Sentry (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Franklin Bowman 550
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Hash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sentry Co. Mo.

FATHER 13. NAME Samuel Bowman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee

MOTHER 15. MAIDEN NAME Elizabeth Clabough
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee

17. INFORMANT (ADDRESS) Miss Margaret Bowman
Healy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friends DATE May 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford Brooke
Albany, Mo.

20. FILED June 10, 1938 C. N. Williamson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 15, 1938

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Systolic insufficiency
Heart Date of onset 437

Other contributory causes of importance: 920

Name of operation _____ Date of _____

What test confirmed diagnosis Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. H. Hess, M. D.

(Address) Franklin, Mo.

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, above space should be left blank.