

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40594

Do not use this space.

1. PLACE OF DEATH

- (a) County Worth Registration District No. 850
(b) Township Walker Primary Registration District No. 6168 Registered No. 191
(c) City _____ (d) Street No. _____ St. _____
(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 10 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Bowen

- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city) Nevada, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Bowen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 15

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) De Kalb, Missouri

- FATHER 13. NAME James Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

- MOTHER 15. MAIDEN NAME Rose Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Missie Anderson Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Kalb, Mo. DATE Nov 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED 11/24 1938 C. B. Davis 790 (Address) Walker Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov 23, 1938
I last saw her alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset _____

Other contributory causes of importance: g. d. v.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____ (Signed) C. B. Davis, M. D.
(Address) Walker Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-38-497
Date Filed 12-7-38

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, personally,
....., or by

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

Signed Raymond R. Winnick

Licensed Embalmer No. 3857

P. O. Address Newada, 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, above space should be left blank.