

1939 JUL 18 1939

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

22591
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 575
(b) Township Blue Mound Primary Registration District No. 5-6-84
(c) City or Blue Mound Registered No. 3
(d) Street No. 7 miles S. E. Chillicothe, Mo. Si.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Effie Bowen

(a) Residence, No. 7 miles S. E. Chillicothe, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 11 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Livingston County (STATE OR COUNTRY) Missouri

FATHER 13. NAME James A. Bowen

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Permelia Purcell

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Otis Bowen (ADDRESS) R. F. D. Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 6-16 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED June 17, 1939 Theresa A. Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1939 to June 13, 1939
I last saw h. alive on June 11, 1939. Death is said to have occurred on the date stated above, at 9.9 a.m.

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

Mitral insufficiency with fatty degeneration of hearts muscle.

Date of onset None known

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis: Physiologic 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) H. M. Brown M. D.
Chillicothe, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 117

District File Number 739-797

Date Filed Jul 11 1939

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.....

Elton F. Norman & E. R. Norman (2374) Registered Apprentice No.....
working under my personal supervision.

Signed *Elton F. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.