

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.

Registration District No. 425

Primary Registration District No. 3009

Registrar's No. 417

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(c) Name of hospital or institution:
Southeast Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Dr. Charles B. Bowman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife MARIE WILKINSON BOWMAN 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 16 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Oak Ridge, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____
MOTHER FATHER { 12. Name Wm Bowman
13. Birthplace Oak Ridge, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Orville
15. Birthplace Bollinger County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. L. Bowman
(b) Address Louptown, Mo.
17. (a) Burial (b) Date thereof 12/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation First Cemetery
18. (a) Signature of funeral director McComb
(b) Address Warrens, Mo.
19. (a) 12-13-39 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Old Absbeaton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 - 39
year 1939 hour 6:32 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 5
_____, 1939, to Dec 13 - _____, 1939.
that I last saw him alive on Dec 13th, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric carcinoma Duration ?
Due to asciites
Due to 46
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations not operated
Of autopsy none
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) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature G. B. Dehult (M. D. or other) _____
Address Cape Girardeau Date signed 12/13/39

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. *3051*

P. O. Address *Jackson, 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.