

Registration District No. **5082**

Primary Registration District No. **5082**

Registrar's No. **22**

FILED JUL 15 1940

1. PLACE OF DEATH:

(a) County **Bates**
 (b) City or town **Osage Twp. RFD Foster Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) **9**
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
 (c) City or town **RFD Foster Mo.**
 (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.

3. (a) PRINT FULL NAME **Myrtle Iona Bowman 550**

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

4. Sex **female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **John Bowman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 6 1883**
 (Month) (Day) (Year)

8. AGE: Years **56** Months **10** Days **8** If less than one day hr. _____ min. **5**

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

10. Usual occupation **housewife**

11. Industry or business **0**

12. Name **Edward Houghton**

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

14. Maiden name **Susan Bingiman**

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

16. (a) Informant **Bruce Smith**

(b) Address **Foster Mo. RFD**

17. (a) **Burial** (b) Date thereof **June 16/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Booths**

(b) Address **Butler Missouri 56**

19. (a) **June 18, 1940** (b) **Claude J. Allen M.D.**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14th**
 year **1940** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **June 4**, 19**40**, to **June 14**, 19**40**
 that I last saw her alive on **April 10**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Renal**
Carcinoma

Due to **Carcinoma** **49**

Due to **Ovary + PRIMARY**
metastatic Carcinoma

Other conditions **Renal**
 (Include pregnancy within 3 months of death)

Major findings: **Carcinoma**
 Of operations **Ovary + Oviduct**
 Of autopsy **renal**

Duration

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 **Claude J. Allen M.D.** (M. D. or other)

Address **Butler Mo** Date signed **6/17/40**

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

RECEIVED

District Health Officer No: 71

District File Number 2-40-996

Date Filed 7-9-40

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

myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.