

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31440**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **997**

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days,
(Specify whether
In this community 22 years,
years, months or days)

3. (a) PRINT FULL NAME Rosie E. Bowman,
3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Thomas I. Bowman, 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 10, 1975
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 0 hr. min.

9. Birthplace Doniphan County, Kansas,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name William H. Mote,
13. Birthplace Unknown, Unknown,
(City, town, or county) (State or foreign country)
14. Maiden name Ercilla J. Langston,
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas I. Bowman

(b) Address 2124 So. 9th. Street,

17. (a) Burial (b) Date thereof 9/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director William H. Mote

(b) Address 319 So. 10th Street, Home

19. (a) Sept 12, 1940 (b) AS Thibault
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2124 South 9th. Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10th
year 1940 hour 3:00 minute p M.

21. I hereby certify that I attended the deceased from 8-22 1940 to 9-10 1940
that I last saw h CR alive on 9-10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio
Vascular
Due to Renal decay
Diabetes
Due to Hypertension 59
Other conditions (Include pregnancy within 3 months of death)

Major findings: X
Of operations X
Of autopsy X
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? 85

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Given Watson (M. D. or other) _____
Address Dr. Joseph M. Date signed 9-11-40

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 John

Registered Apprentice No.

working under my personal supervision.

Signed

Wm. J. Summers

Licensed Embalmer No. 3007

P. O. Address. 319 So 10 St. Memphis

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, fact should be so stated above.