No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

MED OCT 18 1940

State File No. 32000

Registration District No. 312 Primary Registration District No. 5431a Registrar's No.

1. PLACE OF DEATH:

(a) County Gentry, Harrison
(b) City or town Stanberry Rural Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.R.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 32 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
(c) City or town Rural
(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 Adolf Nancy Beverly Bowman
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June (Month) 23 (Day) 1852 (Year)

8. AGE: Years 88 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business —

FATHER
12. Name John Caldwell
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emmeline Wilkin
15. Birthplace Mo. (City, town, or country) (State or foreign country)

16. (a) Informant Lena Parker
(b) Address King City Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo.
18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo.
19. (a) 9-10-40 (Date received local registrar) (b) Donald D. Gantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Sept. year 1940 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from 1938, 19, to Sept 8, 1940
that I last saw h[illegible] alive on Aug 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic congestion of Lungs from mitral insufficiency	2 wks, 3 yrs
Due to	
Due to	
Other conditions. Intussusception due to lack of desire to eat. (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations V
Of autopsy V

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: V
(a) Accident, suicide, or homicide (specify) V
(b) Date of occurrence V
(c) Where did injury occur? V (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? V
While at work? V (Specify type of place) (e) Means of injury V

23. Signature Mark H. Rhoads (M. D. or other)
Address King City Mo. Date signed 9/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 R. G. Taggart

Licensed Embalmer No. 25-63

P. O. Address King City Ore

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.