

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32461

State File No. _____

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 28

1. PLACE OF DEATH:

(a) County. Linn
(b) City or town. Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B. Bowman Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hrs
(Specify whether
In this community 30 yrs.
years, months or days)

3. (a) PRINT FULL NAME John Edward Bowman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-14-5620

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. widowed

6. (b) Name of husband or wife. Mary Eunice Welch 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. May 4 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 13 If less than one day hr. _____ min. _____

9. Birthplace. Marion Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. coal miner

11. Industry or business. mining

12. Name. Andrew Mitchell Bowman

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

14. Maiden name. Catherine Harpster

15. Birthplace. Sabula Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Catherine Johnson

(b) Address. St Joseph Mo

17. (a) Burial (b) Date thereof 9-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. in Olive

18. (a) Signature of funeral director. James M. Taylor

(b) Address. Marceline Mo

19. (a) 9-19-40 (b) Oliver Barnett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Linn
(c) City or town. Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. E. Wells St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 17 to Sept 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Apoplexy

Due to Cerebral hemorrhage

Due to Hypertension

Other conditions. General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations. g2k

Of autopsy. no

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature J. J. Patrick (M. D. or other) MP.

Address Marceline Mo Date signed 9/19/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Dale Bunch

Licensed Embalmer No.

4088

P. O. Address.....

Marceline M.

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.