

NOV 2 1940

Registration District No. 10 842 Primary Registration District No. 5062

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Purdin Rural-Jackson  
(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)  
(d) Length of stay: In hospital or institution  
In this community Her life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Purdin 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 CARRIE SUSAN BOWYER  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 18  
year 1940 hour 3:45 minute P M.  
21. I hereby certify that I attended the deceased from Oct 13, 1940, to Oct 18, 1940;  
that I last saw her alive on Oct 18, 1940,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Robert Lee Bowyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December-31-1867  
(Month) (Day) (Year)

Immediate cause of death Cerebral embolism  
Due to Arteriosclerosis  
Due to Sensitiz  
Other conditions Acute cholelithiasis  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
72 9 17 hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Shurben Patterson Fields  
13. Birthplace Va  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Jennings  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lloyd O. Perry  
(b) Address Lawrence, Mo.

17. (a) Burial (b) Date thereof Oct 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Oliv Cem

18. (a) Signature of funeral director E. J. Bakerman  
(b) Address Farido, Mo.

19. (a) Oct 28 1940 (b) Elva Crookshank  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
Home (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Dixon (M. D. \_\_\_\_\_)  
Address Lawrence, Mo Date signed 10/22-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

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.

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**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 *E. J. Robertson*  
Licensed Embalmer No. *2468*  
P. O. Address *Fareed, md.*

**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.**