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
FILED MAR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6104

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 201 W. Normal / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /

(c) City or town Kirksville 3 (If outside city or town limits write "RURAL")

(d) Street No. 201 W. Normal 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- 0 years.

3. (a) PRINT FULL NAME Ella Cordelia Bowen

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abraham Bowen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 13, 1851 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Pitcher / New York (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

FATHER
12. Name James Kasson Bowen
13. Birthplace DeRuyter / New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia Bardell Avery
15. Birthplace DK / Conn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs N. Laughlin
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri

19. (a) March 1/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from April, 1938, to Feb 27, 1941; that I last saw her alive on Feb 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardosis + Arteriosclerosis

Due to

Due to

Other conditions Had a fall 1938 (Include pregnancy within 3 months of death) In bed since

Major findings: Of operations

Of autopsy

Duration: Years?

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? (Specify type of place)

3 While at work? (e) Means of injury 2

23. Signature E H Laughlin (M. D. or other) DO

Address Kirksville Mo Date signed 3/1/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-636
Date Filed MAR 19 1941

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 Harold H. Hugal

Licensed Embalmer No. 4076

P. O. Address Kirksville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.