

REG MAR 19 1941/9

Registration District No. _____

Primary Registration District No. 4028

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Amoret
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37
In this community 37
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Catherine Bowersox
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 ISAAC BOWERSOX
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Sept 3 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Washington Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Henry Baumaker
13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Beck
15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Melvin Bowersox
(b) Address Amoret Missouri

17. (a) Burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benjamin Cemetery

18. (a) Signature of funeral director Arthur F. Mansfield
(b) Address Amoret, Mo.

19. (a) 2/21 1941 (b) Mrs Carl Hall 51
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Amoret
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1941 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb 13th
1941, to Feb 19, 1941;
that I last saw her alive on Feb 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Right Cerebral Hemorrhage
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. S. Dunlap (M. D. or other) MD
Address Pleasanton, Mo. Date signed 2-20-41

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.

FORM 1 X 1931

RECEIVED

District Health Officer No. 7;

District File Number 3-41-528

Date Filed 3-12-41

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.....

L. A. Mangold

Licensed Embalmer No. 3616

P. O. Address.....

L. A. Mangold

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.