S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6905

FILED MAR 17 1941

Registration District No. 318

Primary Registration District No. 5432

Registrar's No. 2

800

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Gentryville Miller twp
(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 (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Gentryville, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Wallace Bowman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Potter

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 4, 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	20	hr. min.

9. Birthplace Talswell / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew Bowman
13. Birthplace Unkown / Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. K. Dicks
15. Birthplace Unknown / Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. W. Bowman
(b) Address Gentryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6-41
(Month) (Day) (Year)
(c) Place: burial or cremation Gentryville Cemetery

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany, Mo.

19. (a) Feb. 9 1941 (Date received local registrar) (b) Nora Motherseed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 2, 1941 to Feb 4, 1941
that I last saw him alive on Feb 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Flu	1 wk
Due to Mitral regurgitation	10 yrs
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature B Black Clerk (M. D. ~~or other~~) 0
Address Eng City Mo Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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.