

APR 9 1941

Registration District No. **47**

Primary Registration District No. **7027**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 70 years
years, months or days)

3. (a) PRINT FULL NAME Sarah Bowman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Meredith H. Bowman 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Mar 2 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months # Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Adam Painter

13. Birthplace Not known Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rancy Burns

15. Birthplace Not known Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. Powell

(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 3-17-41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Lutescent Hill Cem

18. (a) Signature of funeral director Leath & Dix

(b) Address Adrian Mo

19. (a) Mar 24-41 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(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 Mar day 15
year 1941 hour Eight minute P M.

21. I hereby certify that I attended the deceased from Mar 10
1941, to Mar 10, 1941

that I last saw him alive on Mar 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac, mitral insufficiency and possible coronary and possible coronary
Due to obstruction sudden death
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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? 50
(Specify type of place) While at work? (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) D
Address Adrian Mo Date signed 3-17-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7.

District File Number 4-41-612

Date Filed 4-7-41

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 my

Fred J. Creath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.