FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15103

Registration District No. 5-18 Primary Registration District No. 5694 Registrar's No.

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Anderson Rural McMillian
(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 80 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Anderson
(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.

3. (a) PRINT FULL NAME Mary E. Bowman
3. (b) If veteran, name of war XXXXXXXXXXXXXXXX
3. (c) Social Security No. XXXXXXXXX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife L.A. Bowman
6. (c) Age of husband or wife if alive XXXXXXX years
7. Birth date of deceased December (Month) 23 (Day) 1860 (Year)

8. AGE: Years 80 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Anderson (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
MOTHER FATHER
12. Name A.G. Sherman
13. Birthplace Ill. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Mary Dunnegy
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Orville Bowman
(b) Address Anderson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cemetery
18. (a) Signature of funeral director M.D. Snow
(b) Address Anderson, Missouri
19. (a) 4-19-41 (Date received local registrar) (b) Mrs Lee Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1941 hour 8:25 minute A.M.
21. I hereby certify that I attended the deceased from Apr 14, 1941 to Apr 17, 1941;
that I last saw h alive on Apr 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	7 days
Due to Senility	
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. B. Dixon (M. D. or other)
Address Anderson Mo Date signed 4/18/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
Dist. 541 - 715
Date Filed MAY 7 1941

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APR 24 1956

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 W. D. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, 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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15-103

Registration District No. 318 Primary Registration District No. 3694 Registrar's No.

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

1. PLACE OF DEATH
(a) County McDonald
(b) ~~City or town~~ McMillan Tp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E. Bowman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Bronchial	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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 (M. D. or other)
Address Date signed