

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 772

Primary Registration District No. 4463

Registrar's No. 1029

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Elvins mo  
(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 \_\_\_\_\_  
years, months or days

9. (a) PRINT FULL NAME ROBERT BOWEN

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No.         

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: Jan 28 1909  
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. min.

9. Birthplace Reynolds Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laborer

MOTHER FATHER { 12. Name Ebessa Bowen

13. Birthplace mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Parker

15. Birthplace Reynolds Co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Bowen

(b) Address Elvins mo

17. (a) Burial (b) Date thereof 4-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Layne Cemetery

18. (a) Signature of funeral director Caldwell Burt

(b) Address Flat River mo

19. (a) 4/14/41 (b) C. B. Starnes  
(Date received by local registrar) (Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County St. Francois

(c) City or town Elvins mo  
(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 April day 13  
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July August 19         to April 14 1941  
that I last saw him alive on \_\_\_\_\_ 19          
and that death occurred on the date and hour stated above.

Immediate cause of death Jury verdict  
See case  
We the jury find that Robert Bowen came to his death by gunshot wound in his own hand.

Due to \_\_\_\_\_

Due to his own hand

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 164C  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence April 13, 1941

(c) Where did injury occur? Elvins St. Francois mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (Specify type of place) (e) Means of injury gunshot

23. Signature Clarence Claywell (M. D. or other) Coroner  
Address Bourne Lane mo Date signed 4/13/41

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**