S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19215

Registration District No. 851 Primary Registration District No. 6119R Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural. Browning.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Browning Rural. 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.? ..... years.

3. (a) PRINT FULL NAME Cora May Bowyer

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

4. Sex Fl. 1 5. Color or race W. 6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband ~~or wife~~ Lloyd E Bowyer 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October (Month) 30 (Day) 1882 (Year)

8. AGE: Years 58 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife.

11. Industry or business .....

FATHER
12. Name Charles L. Browning
13. Birthplace Not Known West Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Pridemore
15. Birthplace Not Known Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd E Bowyer
(b) Address Browning Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 (Month) 1941 (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director
(b) Address E. J. Robertson, Tarlto.

19. (a) May 19 1941 (Date received local registrar) (b) Lulu Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1941 hour 1 to 4 p.m. minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to insanity

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: 2 or 3 years

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) Suicide
(b) Date of occurrence May 18th 1941
(c) Where did injury occur? Browning (City or town) Sullivan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In pond near farm house
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Chas. L. Judd Coroner (M. D. or other)
Address Pollock, Mo Date signed May 18, 1941

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1941

RECEIVED
District Health Officer No. 10
District File Number 6-41-1094
Date Filed JUN 12 1941

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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Laredo Md.

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.