

FILED JUL 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21527

State File No. _____

Registration District No. 238

Primary Registration District No. 5325

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade Ernest Twp
(b) City or town Greenfield, Mo. #2
(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Many years
years, months or days)

3. (a) PRINT FULL NAME CHAS. WM. BOWMAN

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive 81 years
Caroline Bowman 7. Birth date of deceased Oct. 17, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 0 If less than one day
hr. _____ min. _____

9. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Harrison Bowman
13. Birthplace 1 Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Jane Bowman
15. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant John Bowman
(b) Address Greenfield, Mo. #2
17. (a) Burial (b) Date thereof Apr. 19, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cem

18. (e) Signature of funeral director J. W. Ward
(b) Address Greenfield, Mo. #2
19. (a) 4-19-41 (b) J. A. White
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Greenfield, #2 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7. W. Greenfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 4-16-1941 to 4-16-1941
that I last saw him alive on 4-16-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to 97
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 0

23. Signature J. A. Comb (M. D. or other) _____
Address _____ Date signed 4-18-41

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

RECEIVED

District Health Officer No. 6,

District File Number 741-1229

Date Filed JUL 15 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

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address

Greenfield, Mass.

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.