

STANDARD CERTIFICATE OF DEATH

State File No. **21982**

FILED JUL 29 1941
243

Registration District No. _____

Primary Registration District No. **56013**

Registrar's No. **35**

1. PLACE OF DEATH: **KNOX**
 (a) County **KNOX**
 (b) City or town **RURAL - LYON TWP.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **NONE**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **68 yrs 11 mos. 17 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GERTRUDE ESTELLA BOWEN**
 3. (b) If veteran, name war **NONE**
 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **JOHN BOWEN**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JANUARY 28 1872**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **17**
 If less than one day _____ hr. _____ min.

9. Birthplace **MAGON CO. MISSOURI**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **HOUSE WIFE**

11. Industry or business _____
 12. Name **LEWIS EMMONS**
 13. Birthplace **UNKNOWN MISSOURI**
 (City, town, or county) (State or foreign country)
 14. Maiden name **ELIZABETH STOUT**
 15. Birthplace **UNKNOWN MISSOURI**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
 (b) Address _____

17. (a) **BURIAL** (b) Date thereof **JAN. 16 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **I.O.O.F. CEMETERY - HURDLAND**

18. (a) Signature of funeral director **Geo. B. Early Jr.**
 (b) Address **Hurdland Mo.**

19. (a) **June 13 1941** (b) **Mrs. C.M. Smith**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **KNOX**
 (c) City or town **RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1/4 MILES NORTH OF HURDLAND MO**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **FIFTEEN**
 year **1941** hour **1:00** minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to **Jan 15**, 19**41**,
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cardiac Failure due to Atherosclerosis, Etc.** Duration _____

Due to **Diabetes**

Due to **Septicemic Hypertension**

Other conditions **Reynolds Disease**
 (Include pregnancy within _____ 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? _____

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 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **H. G. Schmal D.O.** (M. D. or other) _____
 Address **Waring Mo.** Date signed **1/16/41**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 7-41-1322

Date Filed JUL 16 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 Geo. B. Casley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.

Registration District No. 443

Primary Registration District No. 56018

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Knott

(b) City or town Rural Lyon Sup
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertrude E Bowen

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 M

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

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

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

9. Birthplace: _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knott

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

