

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27960  
Registrar's No. 313

FILED SEP 9 1941

Registration District No. 29

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community 29 years  
years, months or days)

3. (a) PRINT FULLNAME Mary Ellen Bowman

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

4. Sex Female 5. Color or race White 6. (a) Single Married  
6. (b) Name of husband or wife Ernest Lee Bowman 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Jan. 6 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Augusta Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James F. Curry  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Pasheba Ricketts  
15. Birthplace Augusta Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest L. Bowman

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 8/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chappel

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 8-22-41 (b) James F. Curry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1033 North Lorimier Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-21, 1941, to 8-21, 1941,  
that I last saw CR alive on 8/20, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular  
ATERSIS

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Cerebrovascular  
Of operations ATERSIS  
Of autopsy \_\_\_\_\_

Duration

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)  
(Specify type of injury)

23. Signature CR (M. D. or other) CR  
Address Cape Girardeau, Mo. Date signed 8/22/41

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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. 2863

P. O. Address Cape Girardeau

**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.**