

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31855

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community All Life
years, months or days)

3. (a) PRINT FULL NAME Ralcie J. Bowman

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Bowman 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 31 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Merchant

11. Industry or business Grocery

MOTHER FATHER { 12. Name Jacob J. Bowman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Flora C. Stallabower
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Bowman
(b) Address Holden Mo

17. (a) Burial (b) Date thereof Sept. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden

18. (a) Signature of funeral director H. Murray
(b) Address Holden Mo

19. (a) 9-8-41 (b) Mr. Frank Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Johnson 5-1
(c) City or town Holden 1
(If outside city or town limits, write "RURAL") 0
(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 6 day September
year 1941 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from April
4, 1941, to September 6, 1941;
that I last saw him alive on September 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Adenocarcinomatous perforation
of ileum causing generalized
Due to Peritonitis

Due to Carcinoma with
metastasis
Other conditions Hypostatic Pneumonia
(Include pregnancy within months of death)

Major findings:
Of operations H&E
Of autopsy Carcinoma
Peritonitis

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) 0
(e) Means of injury

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 9/8/41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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 Me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

J. H. Murray

Licensed Embalmer No. 3893

P. O. Address Holden, 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.