

Registration District No. **164**

Primary Registration District No. **6009**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural Osage
(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 _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Rural, Rockville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th;
year 1941 hour 10: A.M. minute _____ M.
21. I hereby certify that I attended the deceased from May 18
1941, to May 24 1941;
that I last saw him alive on May 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Lee Bowden
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Minnie Bowden 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Fannan County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER, FATHER { 12. Name Aaron Bowden
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ring
15. Birthplace exas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bell Schultz
(b) Address Rockville Mo.

17. (a) Burial (b) Date thereof 5/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director J. B. Goodrich
(b) Address Rockville Mo.

19. (a) May 26, 1941 (b) James P. Carter
(Date received local registrar) (Registrar's signature)

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 W. H. Elliott (M. D. or other) Mo
Address Appleton City, Mo Date signed 5-27-41

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1803

Date Filed 11-6-41

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.....

....., Registered Apprentice No. 3038

working under my personal supervision.

Signed F. B. Gabriel

Licensed Embalmer No. 3038

P. O. Address Roscoe 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, fact should be so stated above.