

FILED DEC 9 1941

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 West Hickory St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community 58 yr.
years, months or days)

3. (a) PRINT FULL NAME Margaret Cloren Bowen

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Llewellyn
6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased June 13 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 7
If less than one day hr. min.

9. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Cloren
13. Birthplace Cork Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Kathleen Jenette Mills
15. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Bowen
(b) Address Kirkville Mo

17. (a) burial (b) Date thereof Nov. 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cent.

18. (a) Signature of funeral director Berkley
(b) Address Kirkville Mo.

19. (a) Nov. 25/41 (b) Spencer L. Ineman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /
(c) City or town Kirkville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 408 West Hickory 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1941 hour 3:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20
1941 to Nov 20 1941;
that I last saw her alive on Nov 20 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Catheter Duration 20 Minutes

Due to _____

Due to _____

Other conditions gbc
(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? 1

While at work (Specify type of place) (e) Means of injury 2

23. Signature D. Martin (M. D. or other) Do
Address Kirkville Mo Date signed 11/25/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2100

Date Filed DEC 3 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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.