S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 1076

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5680

State File No. 7182

Registrar's No.

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Rural Fairview Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
½ mile North of Avalon, Mo.
(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: 70 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston 59

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: ½ mile north of Avalon 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gerome Patterson Bowes

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: Married

6. (b) Name of husband or wife: Mrs. Annie Bowes

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: April (Month) 1 (Day) 1859 (Year)

8. AGE: Years 82 Months 10 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Thomas Bowes
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Rebecca Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. M. J. Siders
(b) Address: Avalon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-'42 (Month) (Day) (Year)
(c) Place: burial or cremation: Avalon

18. (a) Signature of funeral director: F. B. Norman Funeral
(b) Address: Chillicothe, Missouri

19. (a) Feb 28, 1942 (Date received local registrar) (b) Mrs Van D. Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 27 year 1942 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 1, 1938 to Feb. 27, 1942 that I last saw him alive on Feb. 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis — Duration 6 years

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 13/a

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? (Specify type of place)
Home While at work? (e) Means of injury: 0

23. Signature: A. Pallen (M. D. or coroner)
Address: Chillicothe Mo Date signed: 2/28/42

1001

(Licensed Embalmer's Statement on Reverse Side)

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.