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M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

Registration District No. 175

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10510

Primary Registration District No. 5240

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural Wayland Twp
(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 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 021

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nome L. Bowen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Delores Bowen

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

7. Birth date of deceased July (Month) 15 (Day) 1882 (Year)

8. AGE: Years 59 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Benjamin F Bowen 0
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Slagle 0
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Nome Bowen
(b) Address Prairie Hill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Valley

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo

19. (a) 4/4/42 (Date received local registrar) (b) R A Gehring (Registrar's signature)

1022

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Feb 24, 1942, to March 31, 1942
that I last saw him alive on March 30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	30 hrs.
Due to Generalized arteriosclerosis	?
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy —

830

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)
While at work? (e) Means of injury 0

23. Signature F L Hromy (M. D. or other) MD
Address Salisbury Mo Date signed Apr 4, 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-42

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 Paul T Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.