

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 46.9

Primary Registration District No. 5633

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Buena
(b) City or town St. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1008 days
(Specify whether
In this community 1008 days
years, months or days)

3. (c) PRINT FULL NAME John Morgan Bowman

3. (b) If veteran, name was Unknown 3. (c) Social Security No. 9

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife 1901
alive years

7. Birth date of deceased June 12 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Humeston Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi driver

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Michael Read

(b) Address Missouri State San

17. (a) Removal (b) Date thereof Mar 3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mobile, Mo

18. (a) Signature of funeral director Wm. Vernon

(b) Address St. Vernon

19. (a) 3-2-42 (b) Wm. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moherly
(If outside city or town limits, write "RURAL")
(d) Street No. 305 So. 4th St
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 2
year 1942 hour 1050 minute P M.

21. I hereby certify that I attended the deceased from Mar 2
29 to Mar 2
that I last saw him alive on Mar 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB
Duration 16 yrs.

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1381
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)

(e) Means of injury

23. Sign George L. Brock (M. D. or other) 460

Address St. Vernon Mo Date signed 3/3/42

1182 (Licensed Embalmer) (Print name on Reverse Side)

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

55060

RECEIVED

District Health Officer No. 6,

District File Number 442-457

Date Filed APR 9 1942

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 Mrs H. D. Forester

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon 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.