

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21441

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Days
(Specify whether
In this community 41 Years
years, months or days)

3. (a) PRINT

FULL NAME Louanza Bowman

3. (b) If veteran,

name war No

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 William Harve Bowman 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased September (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 8 If less than one day
hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Eldridge Boyd Miller

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

14. Maiden name Mary Ellison

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

16. (a) Informant Thomas H. Gilmore

(b) Address Route 2, Carthage, Missouri

17. (a) Burial (b) Date thereof June 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro, Missouri

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) June 18, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1149 S. Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1942 hour 4:00 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 13th 1942 to June 17th 1942
that I last saw her alive on June 17th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to Hypertension 5 years

Due to 83a
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(e) Means of injury None
23. Signature George H. Wood (M. D. or other) M.D.
Address 304 Grant St., Date signed 6/17/42

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

42.6558

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.....

John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address. Carthage 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.