V. S. No. 2
50M—9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22173

Registration District No. 775 — Primary Registration District No. 60204 — Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED: 44.
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terra 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 35 E. School
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Adaline Bowman
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Bowman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 3 (Day) 1875 (Year)

8. AGE: Years 67 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Valles Mines (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Retired
11. Industry or business K
12. FATHER Name Charles Wilsson
13. Birthplace Jefferson Co. (City, town, or county) Mo. O (State or foreign country)
14. MOTHER Maiden name Elizabeth Vineyard
15. Birthplace Jefferson Co. (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Mrs Roy Lawson
(b) Address Bonne Terre, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo
18. (a) Signature of funeral director Benham Und. Co.
(b) Address Bonne Terre, Mo
19. (a) June 9, 1942 (Date received local registrar) (b) Byrdie Buhrmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from May 24, 1942, to May 27, 1942, that I last saw him alive on May 27, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia ✓	3 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

PHYSICIA
Underlin the cause which dea should b charged st tistically.

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 1

23. Signature H. W. Roebber, M. D. (M. D. or other)
Address Bonne Terre, Mo. Date signed 6/1/42

146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 142-84
Date Filed 7—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

Leonard John Vargo ; Registered Apprentice No. 311

working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Round Top

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22173

Registration District No. 475 Primary Registration District No. 6020A Registrar's No.

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Boone Terre
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME Sarah A. Bowman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan (Month) 3 (Day) 1875 (Year)

8. AGE: Years 67 | Months 4 | Days 28 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Uremia	
Due to Chronic nephritis	at least 5 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 h	
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)
While at work? (e) Means of injury

23. Signature H.M. Rockbey (M. D. or other) M.D.
Address Boone Terre, Mo. Date signed

S-22173