

FILED AUG 18 1942

State File No. _____

Registration District No. 134

Primary Registration District No. 5495

Registrar's No. _____

1. PLACE OF DEATH: **Harrison**

(a) County: _____

(b) City or town: **Rural Trail Creek 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: **6 years**
years, months or days)

3. (a) PRINT FULL NAME: **Wilbur Earl Bowen**

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: **Male** 5. Color: **White** 6. (a) Single, widowed, married, divorced: **single**

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

7. Birth date of deceased: **Not known**
(Month) (Day) (Year)

8. AGE: Years: **56** Months: **0** Days: **0** If less than one day: _____ hr. _____ min.

9. Birthplace: **Not known** (City, town, or county) (State or foreign country)

10. Usual occupation: **Laborer**

11. Industry or business: _____

12. Name: **Not known**

13. Birthplace: **Not known** (City, town, or county) (State or foreign country)

14. Maiden name: **Not known**

15. Birthplace: **Not known** (City, town, or county) (State or foreign country)

16. (a) Informant: **Clyde Stevens**

(b) Address: **Ridgeway No.**

17. (a) **Burial** (b) Date thereof: **7/20/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Moriah**

18. (a) Signature of funeral director: **J M Chambers**

(b) Address: **Mt. Moriah Mo.**

19. (a) **7/21/1942** (b) **S. P. Shaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **41**

(a) State: **Mo.** (b) County: **Harrison**

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

(d) Street No.: _____ (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **18** day **July**
year **1942** hour **3 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **July 18**, 19**42** to **July 18**, 19**42**
that I last saw him alive on **July 18**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart Stroke**
Only seen once just before death the Heart failing
Due to: **Cold and weak**
Worked till a few hours of death

Duration

4 hrs

Other conditions: _____
(Include pregnancy within 3 months of death)

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: **04/**

(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? _____

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

23. Signature: **D. S. Sull** (M. D. or other)

Address: **Cameronville Mo.** Date signed: _____

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

11
0
0

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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.....

myself
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

J M Chambers
.....
Licensed Embalmer No. *2109*

P. O. Address: *Mr. Moriah*

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.