S. No. 2
M—9-4-41
v. 3-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26686

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 747

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 · 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 1 year 24 days - Cor Hospital
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Barnard
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Christian G. Bowman

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harriet Bowman
6. (c) Age of husband or wife if alive when years
7. Birth date of deceased June (Month) 4 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Nodaway County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation farmer
11. Industry or business —
FATHER
12. Name Richard Bowman
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Young
15. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Records at State Hospital #2
(b) Address St Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Quitman Mo
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Aug 5-1942 (Date received local registrar) H J Neotebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1942 4 40 hour 4 minute 40 P M.
21. I hereby certify that I attended the deceased from July 15th, 1942 to 8/4/42, 19..., that I last saw him alive on 8/4/42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular-Renal Disease.
Due to 1/3/a
Due to
Other conditions Senile psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Ch Cardio-Vascular renal disease

Duration

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 L H Dunham (M. D. or other) MD
Address State Hosp #2 St Joseph Mo Date signed 8/5/42

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(Licensed Embalmer's Statement on Reverse Side)

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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.