

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 53Primary Registration District No. 30125185Registrar's No. 242

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: About 1 mile N. of Nash, near Fairview R.R. tracks
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)
 In this community 18 yrs

3. (a) PRINT FULL NAME

William Ralph Bowman3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year)
 7. Birth date of deceased June 10 1934

8. AGE: Years 18 Months 3 Days 11 If less than one day
 hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name Ernest Lee Bowman13. Birthplace Millersville Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Curry15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Ernest Lee Bowman(b) Address Cape Girardeau Mo.17. (a) Burial (b) Date thereof 8/13/1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Joseph's Chapel18. (a) Signature of funeral director G. H. Phelps(b) Address Cape Girardeau Mo.19. (a) 8-19-42 (b) G. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1033 N. Louisiana St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
 year 1942 hour 2 minute 45 A.M.

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

Immediate cause of death Broken Neck + Fractured Skull
 Due to Being hit by a Freight locomotive
 Due to

Other conditions 169-8
 (Include pregnancy within 3 months of death)

Major findings: 30
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 016(b) Date of occurrence Aug. 11th 1942(c) Where did injury occur? Cape Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Service Road Right awayWhile at work? No (Specify type of place) (e) Means of injury Car23. Signature Dr. J. F. Sigmund (M.D. or other)Address Jordan Mo. Date signed 8/13/42

RECEIVED

District Health Officer No. 4

District File Number 942

Date Filed 9-9-42

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~~

Registered Apprentice No.

working under my personal supervision.

Signed

Earl Smith

Licensed Embalmer No. 2676

P. O. Address

Cape Girardeau, 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.