

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 109

FILED NOV 6 1942

Registration District No. 164

Primary Registration District No. 5601

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Warrensburg
(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 Two weeks
In this community Two weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Holden Dell Bowman

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 Nov 30 1868
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 16 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Isaac Bowman

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

14. Maiden name Kathryn Borneman

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

16. (a) Informant Mrs. Fred H. Kreim

(b) Address Warrensburg, MO

17. (a) Cremation (b) Date thereof Oct 16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Newcomer, Paul Home

18. (a) Signature of funeral director J. T. Nicot

(b) Address Warrensburg, MO

19. (a) Oct. 16-1942 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1942 hour 5:00 minute 00 a.m.

21. I hereby certify that I attended the deceased from Oct 8th
1942 to Oct 15 1942
that I last saw him alive on Oct 15
and that death occurred on the date and hour stated above

Immediate cause of death Tox. of Cyanide
7 white body pin
face and neck

Due to Cyanide

Due to 53

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: none

Of operations no autopsy

Of autopsy no autopsy

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

John T. Carpenter

While at work? no (Specify type of place)

(e) Means of injury

23. Signature: John T. Carpenter (M. D. or other)

Address Warrensburg, MO Date signed Oct 16

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-5-42

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.....

No Embalming *Cremation*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.