

S. No. 2  
M-9.4-41  
Ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41211**  
Registrar's No. **18**

**FILED JAN 6 8 1942**

Registration District No. **5693**  
Primary Registration District No. **5693**

59  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Livingston  
(b) City or town (RURAL) Blue Mound Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 Miles South Of Chillicothe, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 71 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **59**  
(a) State Missouri (b) County Livingston  
(c) City or town (RURAL) Blue Mound Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 Miles S. Chillicothe, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT-FULL NAME Pauline Emily Bowen  
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 W. S. Bowen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 24 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Miles Byrd  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jones  
15. Birthplace Wales 4  
(City, town, or county) (State or foreign country)

16. (a) Informant B. B. Bowen  
(b) Address R. R. #2 Chillicothe, Mo.

17. (a) Chillicothe (b) Date thereof 12-4-'42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christison Cemetery

18. (a) Signature of funeral director F. B. Norman Co.  
(b) Address Chillicothe, Missouri

19. (a) 12-5-1942 (b) Mary E. Griffith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd  
year 1942 hour 12:35 minute P: M.

21. I hereby certify that I attended the deceased from Nov. 28  
1942 to Dec. 3 1942  
that I last saw her alive on Nov. 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
4 days

Due to Unknown  
Due to Ja

Other conditions Hypertension years  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature AMG (M.D. or other) Dec 4 1942  
Address Chillicothe Date signed 12-4-42

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.....

E. R. Norman

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

working under my personal supervision.

Signed

*ER Norman*

Licensed Embalmer No...2374.....

P. O. Address...Chillicothe, Missouri.

**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.**