

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 1943

Registration District No. 75

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5299

State File No.

1935

Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Clinton
(b) City or town Lathrop Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Marquise L. Bowman.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 2 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Marshall Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

12. Name Vincent Bowman

13. Birthplace Union Co. Va (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Caldwell

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

16. (a) Informant Spencer Bowman

(b) Address Lathrop mo

17. (a) Buried (b) Date thereof 1-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Ed Moore

(b) Address Cameron mo

19. (a) Jan 21-1943 (b) Mrs. Kathleen Harris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Clinton
(c) City or town Cameron (If outside city or town limits, write "RURAL")
(d) Street No. East 4th St. (If rural, give location)
(e) If foreign born, how long in U. S. A. None years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Sept 10 1942 to Jan 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration _____

Due to _____

Due to 91

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 _____

(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 _____

23. Signature M. Harris (M. D. or other) _____

Address Cameron mo Date signed 1/29/43

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

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.....

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.