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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Madaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Frances
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 yrs years, months or days)

3. (a) PRINT FULL NAME: Edith Myrtle Bowman

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

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: SO

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

7. Birth date of deceased: 3-11-1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Andrew Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business _____

12. Name: Benjamin Bowman

13. Birthplace: Unknown Ind
(City, town, or county) (State or foreign country)

14. Maiden name: Cora Fisher

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

16. (a) Informant: Miss Lois Bowman

(b) Address: Savannah Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 1-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Savannah

18. (a) Signature of funeral director: E. B. Breit

(b) Address: Savannah Mo

19. (a) 1-29-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28
year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 25 1943 to Jan 28 1943
that I last saw her alive on Jan 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis Duration 10 m

Due to: hyperemia of left heart 1 year

Due to: 50

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: hyperemia of left heart
Of operations: _____
Of autopsy: No autopsy held
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: R. R. Kelly (M. D. or other) _____

Address: Savannah Mo Date signed: 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah ms*

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.