

MAY 13 1943
Registration District No. 155

Primary Registration District No. 3127

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

FILED
26
49

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 529 S. Devon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City
(If outside city or town limits, write "RURAL")

(d) Street No. 529 S. Devon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James F. Bowen

3. (b) If veteran, name war /

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1943 hour 9:30 minute 00 M.

21. I hereby certify that I attended the deceased from October 15 1942 to April 12 1943
that I last saw him alive on April 12 1943
and that death occurred on the date and hour stated above.

4. Sex Male Race White

5. Color of hair White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Bowen

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 10 1871
(Month) (Day) (Year)

Immediate cause of death Tuberculosis
Duration _____

8. AGE: Years 72 Months 6 Days 2
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

13 fl

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

10. Usual occupation Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry of business _____

12. Name James F. Bowen

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

14. Maiden name Unknown

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

16. (a) Informant Lulu Bowen

(b) Address Wells City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Wells City Ind. Co.

(b) Address Wells City, Mo.

19. (a) April 14, 1943 (Date received local Registrar) Mrs. Lillie Taylor (Registrar's signature)

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) Means of injury _____

23. Signature J. M. Vance (M. D. or other) _____
Address Centerville, Mo. Date signed 4/14/43

43-4-374

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 Myself,

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.