

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15635

State File No.

Registrar's No.

FILED MAY 7 1943
Registration District No.

Primary Registration District No. 4492

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Oran
(c) Name of hospital or institution
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Neicy Elken Bowman

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 Married
6. (b) Name of husband or wife James W. Bowman 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 4-18-1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Near Princeton (City, town, or county) (State or foreign country) Indy

10. Usual occupation Housewife

11. Industry or business

12. Name Elijah Dillender
13. Birthplace Indy (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Geo Bowman
(b) Address Oran Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Morley cem. Morley, Mo
18. (a) Signature of funeral director Bisplinghoff & Hubbers
(b) Address Chaffee, Mo
19. (a) May 2/43 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Oran (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1942 to 4/28 1943
that I last saw her alive on 4/28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 6 mo

Due to
Due to

Other conditions Pulmonary Tuberculosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1361
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

23. Signature Ja Cline (M. D. or other)
Address Oran Mo Date signed 4/29/43

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

MOTHER FATHER

732

RECEIVED

District Health Office No. 2,

District File Number 543-600

Date Filed 5-6-48

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.....

Marnie B. King Ruff

Licensed Embalmer No. 3242

P. O. Address.....

Chaffee 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.