

ED JUN 10 1943 782
Registration District No. 782

Primary Registration District No. 4230

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution:
x / 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
In this community All her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie Bowman

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 5. Color or race Black

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

6. (b) Name of husband or wife Milton Bowman

6. (c) Age of husband or wife if alive 13 years 1851 (Day) (Year)

7. Birth date of deceased Dec. 13 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 20
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Lewis Watts

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

14. Maiden name Lucy Lewis

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

16. (a) Informant Mary Bradford

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Cemetery

18. (a) Signature of funeral director A. H. Alderman

(b) Address 615 1/2 S. 4th

19. (a) 6/5/43 (Date received local registrar) (b) Red (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Missouri (b) County Howard

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour 6:30 minute 17 M.

21. I hereby certify that I attended the deceased from April 3 1943 to June 3 1943
that I last saw her alive on June 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due Chronic Myocarditis

Due Advanced age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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 W. M. Harrison (M. D. certifying)
Address Armstrong Mo Date signed 6/5/43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-43

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. 1667

P. O. Address Amstutz

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.