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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUN 7 1943
Registration District No.

Primary Registration District No. 5666

Registrar's No. 53

1. PLACE OF DEATH

(a) County Lewis
(b) City or town Maywood Mo
(c) Name of hospital or institution: Union Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

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

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

7. Birth date of deceased Sept 20 - 1870
(Month) (Day) (Year)

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

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

10. Usual occupation Labor

11. Industry or business

12. Name George H. Bowman
13. Birthplace Unknown Ky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace Unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Bowman

(b) Address Maywood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ewing

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing Mo.

19. (a) May 25-43 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion's
(c) City or town Maywood Mo (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 20th day May
year 1943 hour 2 minute 2 p. M.

21. I hereby certify that I attended the deceased from May 13, 1943, to May 20, 1943
that I last saw him alive on May 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Primary Pneumonia
Due to Secondary to Influenza

Due to 108
Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations none
Of autopsy none
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) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Amie Lakoff (M.D. or other)
Address Ewing MO Date signed 5-21-43

(Licensed Embalmer's Statement on Reverse Side)

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..... *Anna K. Ball*

Licensed Embalmer No. *2387*

P. O. Address..... *Ewing. 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.