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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18694

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED JUN 8 1943  
Registration District No. 276

Primary Registration District No. 5947

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

1. PLACE OF DEATH:

(a) County Phelps Co  
(b) City or town St James  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Soldiers Home Hospital 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James  
(If outside city or town limits, write "RURAL")  
(d) Street No. St James Exp. (If rural, give location)

In this community Harriet C Rardin Bowditch  
years, month, or days

(e) foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Hattie Bowditch

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20  
year 1943 hour 3:15 minute 2 M.

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

21. I hereby certify that I attended the deceased from Jun 24, 1942 to May 20, 1944  
that I last saw her alive on May 18, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid

Immediate cause of death.

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

Chronic nephritis 2 yr

7. Birth date of deceased 6 - 20 - 1857  
(Month) (Day) (Year)

Due to \_\_\_\_\_

8. AGE: Years 85 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

9. Birthplace Lucas Co. Ohio  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 131 b

10. Usual occupation Home wife

Major findings: Of operations \_\_\_\_\_

11. Industry or business tailored clothes

Of autopsy \_\_\_\_\_

12. Name Hattie Bowditch

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? \_\_\_\_\_

13. Birthplace Bolivar N.Y. Ohio  
(City, town, or county) (State or foreign country)

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

14. Maiden name Emily

23. Signature William B. Brewer (M. D. or other) \_\_\_\_\_  
Address St James Mo Date signed 5/24/43

15. Birthplace Annin Creek Pa  
(City, town, or county) (State or foreign country)

24. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 5-22-43 (Month) (Day) (Year)

16. Informant Lillie Rasmussen Bennett  
Address Genoa Colo

(c) Place: burial or cremation Masonic cem.

17. (a) Signature of funeral director W. H. Kuchler  
(b) Address St James Mo

25. (a) 5-25-43 (b) Chas. W. Dickson (Registrar's signature)

18. (a) Address St James Mo  
(b) 5-25-43 (c) Chas. W. Dickson (Registrar's signature)

AUG 26 1952

**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: *W. E. Licklider*

Licensed Embalmer No. *1970*

P. O. Address *M. James 410*

**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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Phelan Rural & Home Dist.  
(b) City or town St. James  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Soldiers Home Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

State ..... (b) County .....  
(c) City or town .....  
(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 .....

3. (a) PRINT FULL NAME Hattie Baudisch

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 W  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased June 20 1900  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 10 If less than one day ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER  
12. Name .....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name .....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant .....  
(b) Address .....

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....  
(b) Address .....

19. (a) ..... (b) .....  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1943 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19.....  
that I saw him/her alive on ..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death .....

Duration

Due to .....  
Due to .....

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

Major findings:

Of operations .....

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)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?  
..... (Specify type of place)  
While at work? ..... (c) Means of injury .....

23. Signature ..... (M. D. or other) .....  
Address ..... Date signed .....

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

SUPPLEMENTARY

Affidavits containing erasures will not be accepted; draw one line through erasure and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

18694  
18694/3  
43

State of Missouri

State File No. 18694/3

County of Greene

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 43

On this 22nd day of October, 1953, before me appears

Nelson G. Rardin, who, upon his oath, states that the original record of ~~birth~~ <sup>XXX</sup> death

for Harriet Cowles Rardin-Bowdish, died May 20, 1943, 1943 in the State of

Missouri, and which was filed at St. James, Mo. on May 20, 1943, should be corrected as follows:

Item No. 1 should read Harriet C. Rardin - Bowdish

Instead of Hattie Boudish

Item No. 2 should read Lucas County, Ohio

Instead of --- Ohio.

Item No. 3 should read Gailord Cowles, Bolivar, Allegheny Co. New York

Instead of Geraldine Cotts, --- Ohio.

Item No. 4 should read Emily Crocket, Annin Creek, Penna

Instead of Emily Cruckett, --- Ohio

Item No. 5 should read Lillie Bennett, Denver, Colo

Instead of Lillie Bechnett

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Nelson G. Rardin Son

Relationship.

1020 Stewart Ave, Springfield, Mo

Present Address.

Subscribed and sworn to before me this 22nd day of October, 1953.

My Commission expires Feb. 25, 1957 Allen Mc Reynolds Notary Public.