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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21103

Registration District No. 73 | Primary Registration District No. 5291 | Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 100 ft Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs (Specify whether)
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo (b) County Jackson
(c) City or town Greenwood
(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 Milton W Bowman
3. (b) If veteran, name war No
3. (c) Social Security No No

4. Sex M | 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 May (Month) 16 (Day) 1867 (Year)

8. AGE: Years 67 | Months 1 | Days 1 | If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Will Bowman
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Letha Cothern
15. Birthplace (City, town or county) Unknown (State or foreign country) 9

16. (a) Informant Claude Long
(b) Address Greenwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Mo
18. (a) Signature of funeral director W O Langford
(b) Address Lees Summit Mo
19. (a) June 12 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day June 11 year 1943 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 25, 1943 to June 11, 1943 that I last saw him alive on June 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	17 da.
Due to Generalized Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations /
Of autopsy

107

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Ryerson Mettler (M. D. or other) M.D.
Address Liberty Mo Date signed 12-6-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-43

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 W. B. Langsford

Licensed Embalmer No. 3833

P.O. Address Lees Summit 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.