

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21423**

Registration District No. **19425**

Primary Registration District No. **4210**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Ridgeway**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **East Ridgeway**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **74** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Wesley Bowman

3. (b) If veteran, name war **No**

3. (c) Social Security

99-240-2441

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Willie R. Bowman**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Dec 25 - 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **22**
If less than one day hr. min.

9. Birthplace **Clinton Co. Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farmer**

12. Name **Wesley M. Bowman**

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

14. Maiden name **Clara Todd**

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

16. (a) Informant **Nadar Chapman**

(b) Address **Ridgeway, Mo**

17. (a) **Burial** (b) Date thereof **May 21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowman Cemetery Ridgeway**

18. (a) Signature of funeral director **W. B. Trotter**

(b) Address **Ridgeway, Mo**

19. (a) **5-21-43** (b) **L. E. Brewer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Harrison**
(c) City or town **Ridgeway Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**
year **1943** hour **13:00** minute **—** A.M.

21. I hereby certify that I attended the deceased from **March 10th**
19**43**, to **May 20**, 19**43**;
that I last saw him alive on **May 30th**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Infarct of the left lung**

Due to **Gastric Carcinoma**

Due to **—**

Other conditions **Prostatitis + Cardiac Valve Disease**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Abf**

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 **2**

23. Signature **Dr. J. B. Trotter** (M. D. or other)

Address **Ridgeway, Mo** Date signed **5/24/43**

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

R. P. Boggers

Licensed Embalmer No. *93576*

P. O. Address *Ridgeway Ma*

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.