

S. No. 2  
DM-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26292**  
Registration District No. **336**  
Primary Registration District No. **4450 6121**  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County **Shannon**  
(b) City or town **Rural, Birch Tree, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No**  
In this community **28 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **101**  
(a) State **Missouri** (b) County **Shannon**  
(c) City or town **Birch Tree, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Hester J. Bowman**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **5th**  
year **1943** hour **7** minute \_\_\_\_\_ P. M.

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mat W. Bowman**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **Nov, 28th, 1894**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb** 19**43** to **June 5** 19**43**  
that I last saw **her** alive on **June 5** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years **48** Months **6** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cancer of uterus**  
Duration \_\_\_\_\_

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

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

10. Usual occupation **House wife**

PHYSICIAN **48**

11. Industry or business \_\_\_\_\_

12. Name **Jerry Roark**

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

14. Maiden name **Jane Wattle**

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

16. (a) Informant **Jesse Roark**

(b) Address **Mountain View, Mo**

17. (a) **Birial** (b) Date thereof **6/7 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Birch Tree, Mo**

18. (a) Signature of funeral director **John F. Duncan**  
(b) Address **Mountain View, Mo**

19. (a) **2-10-43** (b) **Paulo Hyde MD**  
(Date received local registrar) (Registrar's signature)

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

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? \_\_\_\_\_

23. Signature **R. D. Davis** (M. D. or other) \_\_\_\_\_  
Address **Birch Tree Mo.** Date signed **6/5/43**

RECEIVED

District Health Officer No. 5  
District File Number 743461  
Date Filed 7-15-43

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 .....

working under my personal supervision.

Registered Apprentice No. ....

Signed *John F. Deaneau* .....

Licensed Embalmer No. 2516 .....

P. O. Address *1212 1/2 Ave. E. S.W.* .....

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.