No. 2
1-4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 19[illegible]

Registration District No. 31

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5048

State File No. 27593

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural "Mc Donald Tp" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Mi. East of Curdy Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 Mi. East of Curdy, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country .....

3. (a) PRINT FULL NAME Ceal Ann Bowman
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sigle A. Bowman
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. (Month) 3 (Day), 1890 (Year)

8. AGE: Years 53 | Months 5 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Barry County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name David Cotter
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Eggleston
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant S. A. Bowman
(b) Address Curdy, Mo. Rt. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Amhurst Cem
18. (a) Signature of funeral director W. D. Koon
(b) Address Cassville, Mo.
19. (a) Aug 10 1943 (Date received by registrar) (b) Ed Kilhoun (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1943 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to July 7, 1943; that I last saw h[illegible] alive on July 7, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsion	
Due to Suppression of Urin	
Due to Kidney Block.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

133 93

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 .....

23. Signature Glenn H. Dalyer (M. D. or Coroner)
Address Cassville, Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-1038
Date Filed SEP 11 1943

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 W. C. Koon, Registered Apprentice No. 338 working under my personal supervision.

Signed C. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.