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S. No.	MILL CALDING AND	BOARD OF HEALTH 27969 FICATE OF DEATH State File No
5-17-39 I X294	Registration District No.	412/2
23	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
<i>0</i>	(a) County	(a) State
, 03	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town (If out to town limits, with "RURAL")
PERMANENT RECORD	(If not in hospital or institution, write street number or location)	(d) Street No([If rural, give location)
NEN	(d) Length of stay: In hospital or institution. (Specify whether	(c) Citizen of foreign country? (Yes or No)
EMA	In this community years, months or days)	If yes, name country
	3. (a) PRINT FULL NAME Irena Belle Bowman	MEDICAL CERTIFICATION
E A	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month Guy day 24 year 1543 hour 8 minute P. M.
MAKE	name war No	21. I hereby certify that I attended the deceased from
	4. sex Female 7 race White 2 divorced Widowed, married, 2 divorced Widowed	that I last saw have alive on Que 24 - 1043
BLACK INK	6. (a) Name of husband or wife	and that death occurred on the date and hour stated above.
	7. Birth date of deceased June 9 1854	Immediate causof death July viles
	(Month) (Day) (Year) 8. AGE: Years Months Days If less than one day	D. C.
NING		Due to
UNFADING	9. Birthplace Adair Gounty Mo.	Due to
	(City, town, or county) (State or foreign country) 10. Usual occupation	Other conditions. (Include pregnancy within 3 months of death)
.USE	11. Industry or business	DILYCOLOU I
- X -	Section 12. Name Josiah Matlick	Major findings: Of operations Underline
AINI	(City, town, or county) (State or foreign country)	the cause to which death Of autopsy
RITE PLAINLY	E 14. Maiden name Hannah Chaney Md.	charged sta- tistically.
ELTE	(City, town, or county) (State or foreign-country) 16. (a) Informant. M. Bessel Seeler	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)
WE	(b) Address My alonda mo	(b) Date of occurrence
• •	17. (a) Burial (b) Date thereof Aug. 26'4 (Burial cremetion or removal) (Month) (Day) (Year)	(c) Where did injury occur?
	(c) Place: burial or cremation Fairmount Cemetery	
is	18. (a) Signature of funeral director	While at work? (Specify type of place) While at work? (Specify type of place) Means of injury 2
	19. (g) 8-26-43 (b) Juny S. Borton (Date received local registrar) (Registrar's signature)	Address Wy acanda mp dish 25-43
	1273 (Licensed Embalmer's Str	

RECEIVED.

District House Officer No. 10

Exist Fix Kodep 7-43-1544

Exist Fix Kodep 7 4 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certifi	cate was embalmed by m	e, or by
•	•		
		Registered Apprentice I	٠٠٠

working under my personal supervision.

Geo V Bosland

Licensed Embalmer No.....

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.)

Signed

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