

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28096

FILED AUG 28 1943

State File No. 88
Registrar's No. 88

Registration District No. 78

Primary Registration District No. 5363

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Myrle Leona Bowman

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lewis H. Bowman
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Mar 22 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 7 If less than one day
...hr. ...min.

9. Birthplace Daviess Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Ora Shaw

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

14. Maiden name Della Auldridge

15. Birthplace Daviess Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis H. Bowman

(b) Address Weatherly, Mo

17. (a) Burial (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muddy Cemetary,

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) 8-20-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Jefferson Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 19, 1943, to July 25, 1943
that I last saw him alive on July 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myrle Bowman
Duration (undetermined)

Due to (undetermined)

Due to [Signature]

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) [Signature]
(b) Date of occurrence [Signature]
(c) Where did injury occur? [Signature] (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed Aug 18, 1943

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

AUG 30 1948

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.....

E. S. Granger

Licensed Embalmer No. 2857

P. O. Address. Pattonsburg, 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.