

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32350

State File No.

Registrar's No.

Registration District No. 295

Primary Registration District No. 4443

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Elm Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Sallie Elizabeth 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 21 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Addison Dunn

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

14. Maiden name Jane Via

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

16. (a) Informant Mrs. Eva Goon

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 9/26/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tony B. Patton

(b) Address Huntsville, Mo

19. (a) 9-30-43 (b) Mrs. P. H. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Elm Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1943 hour 8:06 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1 1943 to Sept 24 1943
that I last saw him/her alive on Sept 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage L. Duration 9 hrs

Due to arterio-sclerosis 20 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 _____

23. Signature P. Dwyer (M.D. or other) MD
Address Huntsville, Mo Date signed 9/30/43

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

MOTHER FATHER

1027

RECEIVED

District Health Officer No. 10

District File Number 007-10-431289

Date Filed 5-19-43

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed...

Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address...

Huntville, Ala.

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.