

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34586

State File No.

Registrar's No. **868**

ILL NOV 8 1942
Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2129 N. Lyon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Rachel Ann Bowman**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Bowman** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **May 14, 1898**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **7** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **In Home**

MOTHER FATHER { 12. Name **Solomon Cox**
13. Birthplace **Polk County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Asceniah Wright**
15. Birthplace **Polk County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. L. C. Viles**

(b) Address **Strafford, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 23, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **10-23-43** (b) **W. L. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **2129 N. Lyon**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st**
year **1943** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1941**
19... to **10-21-43** 19...
that I last saw her alive on **10-16-43** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative Heart Disease**
& Decompensation **2 yrs.**

Due to **Frailty**

Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

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

23. Signature **W. L. Handley** (M. D. or other)
Address **Springfield, Mo.** Date signed **10-23-43**

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

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.....

Lewis G. Scherff

Licensed Embalmer No. *3802*

P. O. Address.....

Springfield, 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.