

FILED JAN 10 1944

Registration District No. 186

Primary Registration District No. 5693

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town (RURAL) Blue Mound Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 Miles South Chillicothe, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)

In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town (RURAL) Blue Mound Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Miles South Chillicothe, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otis Oscar Bowen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 25th. 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>9</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James A. Bowen

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

14. Maiden name Permelia Purcell

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

16. (a) Informant Sarah E. Bowen

(b) Address Route #2 Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-'43
(Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) 11-6-'43 (Date received local registrar) (b) Mary E. Griffiths (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th. year 1943 hour 6:00 minute _____ P: M.

21. I hereby certify that I attended the deceased from did not attend that I last saw him alive on Oct. 20 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to Died very suddenly was dead when I arrived.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations + Of autopsy 9321

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

(a) Accident, suicide, or homicide (specify) No.

(b) Date of occurrence Nov 4, 1943

(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 H. M. Grace (M. D. or other) Address Chillicothe, Mo. Date signed 11/6/43

Duration No
not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

OCT 20 1952

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.....

E. R. Norman

Registered Apprentice No.

working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri

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.