

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43369

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 1 1/2 years years, months or days)

3. (a) PRINT FULL NAME Mrs Nellie Lavania Bowman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Nelly Bowman 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Jan 23-1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John Bray

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

14. Maiden name Mannah Bickwith

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Sheppard (sister)

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 12-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director J. H. H. H.

(b) Address Louisiana Mo

19. (a) Dec 1-43 (b) J. H. H. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana Mo (If outside city or town limits, write "RURAL")
(d) Street No. W Geo St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour 7 minute 25 p. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1943, to Nov. 30, 1943.
that I last saw her alive on Nov. 30, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Heart dilatation of heart. Duration

Due to Old organic heart disease of several yrs duration

Due to Probably Rheumatic old age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C4

Of autopsy

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 Charles P. Jewell (M. D. or other) no
Address Louisiana Mo Date signed 12/1/43

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

RECEIVED

District Health Officer No. 10

District File Number 12-43-1962

DEC 14 1943

Date Filed

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

George O. Wagner

Licensed Embalmer No. 3793

P. O. Address

Louisiana, 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.