

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6411**
Registrar's No. **47**

Registration District No. **1** Primary Registration District No. **3000**

1. PLACE OF DEATH:
(a) County **Adair Co**
(b) City or town **Kirksville Mo**
(c) Name of hospital or institution: **Community Hospital**
(d) Length of stay: **11 months**
In this community **7 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Adair**
(c) City or town **Kirksville MO**
(d) Street No. **✓**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Laura Ellen Bowen**
3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**
4. Sex **F** 5. Color or race **W** 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 **Oct 21 1872**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **eighth** year **1944** hour **Eight** minute **02 A.M.**
21. I hereby certify that I attended the deceased from **March 1st** to **February 8, 1944** that I last saw her alive on **February 8, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumo-pneumonia**
Due to **auricular-fibrillation**
Other conditions **None**
Major findings: Of operations **No operation**
Of autopsy **No autopsy**

8. AGE: Years **71** Months **3** Days **17**
9. Birthplace **Knox Co Mo**
10. Usual occupation **House Keeper**
11. Industry or business _____
12. Name **Chas Ed Bowen**
13. Birthplace **MO**
14. Maiden name **Franco Hooper**
15. Birthplace **Switzerland**
16. (a) Informant **Loy Bennett**
(b) Address **Kalata Mo**
17. (a) **Burial** (b) Date thereof **Feb 9-1944**
(c) Place: burial or cremation **Nazel Del**
18. (a) Signature of funeral director **W S Chustice**
(b) Address **Kalata Mo**
19. (a) **2/12/44** (b) **Mrs. J. L. Wagure**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury **200**
23. Signature **A. L. Schmitt** (M. Doctor) **200**
Address **Community Nursing Home** Date signed **2/12/44**

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

33

