

FILED MAR 6 1944

Registration District No. _____

Primary Registration District No. 5497

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Marion Township, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 48 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Marion Township (If rural, give location)

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

3. (a) PRINT FULL NAME Earl, Ernest, Bowen

3. (b) If veteran, name war World-1 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1944 hour 12 minute noon M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Leatha Bowen 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July - 12 - 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 19 1944 Feb. 19 1944
that I last saw h. dead when I reached home and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 9 wks

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

Due to obv work

Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 94 a

11. Industry or business _____

MOTHER FATHER { 12. Name James H Bowen

13. Birthplace Dart & Know. 9
(City, town, or county) (State or foreign country)

14. Maiden name Carrie M. Wilson

15. Birthplace Dart & Know. 9
(City, town, or county) (State or foreign country)

Major findings: ✓

Of operations ✓

Of autopsy ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Person Bowen

(b) Address Bethony mo.

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director R. H. Rogers

(b) Address Ridgeway, Mo.

19. (a) 2-22-44 (b) Leola Brewer
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Leola Brewer (M. D. or other) _____
Address Ridgeway Mo. Date signed 2/22/44

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

11
0
0

1292

JAN 19 1945

MAR 6 1945

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 *R.R. Rogers*
Licensed Embalmer No. *9576*
P. O. Address *Ridgeway Md*

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.