

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7522

FILED MAR 6 1944

State File No.

Registration District No. 187

Primary Registration District No. 5623

Registrar's No. 155

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town RURAL - SALT RIVER TWP
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CLAUDE O. BOWEN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE KUHNG BOWEN 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased DECEMBER 21 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 13 If less than one day hr. min.

9. Birthplace KNOX COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN A. BOWEN
13. Birthplace NARLEY HODGE
(City, town, or county) (State or foreign country)
14. Maiden name NARLEY HODGE
15. Birthplace NARLEY HODGE
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Bowen
(b) Address Hurdland Mo.

17. (a) burial (b) Date thereof Feb 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Chas. B. Colby Jr.
(b) Address Hurdland Mo.

19. (a) Feb 9-44 (b) Nellie Northcutt
(Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX
(c) City or town RURAL - Salt River
(If outside city or town limits, write "RURAL")
(d) Street No. HURDLAND MO - RFD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Feb 1
19 44 to Feb 4 19 44
that I last saw him alive on Feb 3 19 44
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of stomach Duration Jan 1943 to Feb 4 1944

Due to Anemia
Due to Feb 4 1944

Other conditions 46 f
(Include pregnancy within 3 months of death)

Major findings: Of operations 46 f
Of autopsy 46 f
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 9

23. Signature E. O. Holmes (M. D. or other) DO
Address Hurdland Mo. Date signed Feb 7-44

RECEIVED

District Health Officer No. 10

District File Number 3-44-449

Date Filed MAR 3 1944

MAR 6 1944
MAR 6

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.....

Licensed Embalmer No. 3755

P. O. Address Hurdland M.

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.