

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

1. PLACE OF DEATH:

(a) County Webster

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

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

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

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. Jackson township
(If rural, give location)

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

3. (a) PRINT FULL NAME Messer Norton bowder

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Hartley bowder

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March - 12 - 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>23</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Banker + Merchant

11. Industry or business BANK + Store

12. Name George bowder

13. Birthplace Tenn. ~~Union~~
(City, town, or county) (State or foreign country)

14. Maiden name Jane Norton

15. Birthplace Tenn. ~~Union~~
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie bowder

(b) Address Elkland, Missouri

17. (a) Burial (b) Date thereof Dec. 7-1943
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Turber Ridge

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) 1-6-44 (b) Charlote Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1943 hour 2 minute AM

21. I hereby certify that I attended the deceased from Nov 10 43
Dec 5 1943 to 1943
that I last saw him alive on Dec 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hungered to death

Due to 1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 98, 2

Of autopsy

Duration

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 0

23. Signature [Signature] (M. D. or other) _____
Address Elkland 70 Dec 1943

RECEIVED

District Health Officer No. 6,

District File Number 244-244

Date Filed FEB 15 1944

Yoss
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

Lu Lamy

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.