

FILED APR 28 1944 128
Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 3221

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution. 9 hrs 20 min
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence

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

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

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

3. (a) PRINT FULL NAME Eller Sue Bowman

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 9
year 1944 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-8-44, 19 , to 4-9-44, 19 ;
that I last saw her alive on 4-9-44, 19 ;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. April 6, 1944
(Month) (Day) (Year)

Immediate cause of death Memorized Disease of newborn

Duration 3d

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 1600

9. Birthplace Marionville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

MOTHER FATHER

11. Industry or business

12. Name LANSON BOWMAN

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

14. Maiden name Mary Stahion

15. Birthplace Galena MO.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Lanson Bowman

(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

While at work? (Specify type of place) (e) Means of injury

23. Signature Eller Sue Bowman (M. D. or other)

Address Springfield Mo Date signed 4-9-44

18. (a) Signature of funeral director

(b) Address Marionville, Mo.

19. (a) 4-10-44 (Date received local registrar) (b) (Registrar's signature)

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

9
2
2

985

21

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..... *Ferman Surridge*
Licensed Embalmer No. *3072*
P. O. Address..... *Aurora 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.