

FILED APR 28 1944

Registration District No. 570

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 15623

Registrar's No. 47

1. PLACE OF DEATH:

(a) County St Charles Mo.
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Charles County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAMEJoseph Bowman

3. (b) If veteran,

name war

No

3. (c) Social Security

No None

4. Sex Male (1) race White
5. Color or (2) White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive _____ years
(Day) (Year)

7. Birth date of deceased March 20 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 15 hr. _____ min.

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

10. Usual occupation Labot

11. Industry or business

12. Name Robert Bowman
13. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Janna Knight
15. Birthplace Madison Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Miss B. Douglas
(b) Address Wood River Ill.
17. (a) Burial (b) Date thereof March 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cemetery
18. (a) Signature of funeral director Morris Muschany
(b) Address Monticello, Mo.

19. (a) 3-10-44 (b) Ernest L. Paule
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile West of St Charles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1944 hour 6 PM minute _____ M.
21. I hereby certify that I attended the deceased from
Feb 5 1944 to Mar 8th 1944
that I last saw him alive on Mar 7th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute dilatation of Heart,
Due to _____
Chronic Myocarditis.
Due to _____
Gen. Arterio sclerosis.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____
23. Signature A. P. Erich Schuch (M.D. or other)
Address St Charles Mo. Date signed 3/10/44

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-27-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, ~~or~~ by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Dalmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.