V. S. No. 2
00M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21403

State File No.

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Lathrop
(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 1 (Specify whether
In this community 20 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Lathrop 45
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CYNTHIA M. SILER
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife E. J. Bowman
6. (c) Age of husband or wife if alive: years
7. Birthdate of deceased April (Month) 19 (Day) 1868 (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Ky (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name E. J. Bowman
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name L. Smith
15. Birthplace Ky (City, town, or county) 1 (State or foreign country)
16. (a) Informant Dwight Siler
(b) Address Plattsburg RR 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Jas L Martin
(b) Address Plattsburg Mo
19. (a) June 28 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from June 20, 1944, to June 27, 1944
that I last saw her alive on June 27, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
93d

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M. D.
Address Lathrop, Mo Date signed 6/27/44

1086 (Licensed Embalmer's Statement on Reverse Side)

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 Jar L. Martin

Licensed Embalmer No. 4308

P. O. Address Plattsburg

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.