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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24598

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 55

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour. (Specify whether
In this community 23 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington 36
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Jefferson St. 6
(If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X U

3. (a) PRINT FULL NAME Pearl Violet Bowen.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife X

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

7. Birth date of deceased February (Month) 17th, (Day) 1909 (Year)

8. AGE: Years 35 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Williamsville, (City, town, or county) O Missouri. (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

FATHER
12. Name William Henry Henderson.
13. Birthplace Unknown. (City, town, or county) 9 Unknown. (State or foreign country)

MOTHER
14. Maiden name Amy Jordan.
15. Birthplace Shannon County (City, town, or county) O Missouri. (State or foreign country)

16. (a) Informant Mrs. Amy Henderson
(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Niebing & Witt, Inc.
(b) Address Washington, Mo.

19. (a) 6/14/44 (Date received local registrar) Lucille Ruether Brook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th.
year 1944 hour 8:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 4, 1944, 19, June 13, 1944
that I last saw her alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Cardiac Decompensation

Due to Chronic rheumatic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature F. T. Pope M.D. (M.D. or other)
Address Washington, Mo. Date signed 6/14/44

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

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-20-44

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~~ Lester H. Witt, ~~Registered Apprentice No.~~, working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.