

FILED AUG 16 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4028

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Liberal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Barton  
(c) City or town Liberal  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAULINE JANE BOWEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced mar  
6. (b) Name of husband or wife Gasper H. Bowen 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Jan. 27 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Horton

13. Birthplace St. Francis Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Francis Pennington

15. Birthplace Laurence Co. Mo. A (City, town, or county) (State or foreign country)

16. (a) Informant Gasper H. Bowen

(b) Address Liberal, Mo.

17. (a) Burial (b) Date thereof 7 9 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heavysidel Cem.

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry Ave.

19. (a) 7/13/44 (b) Blanche Sackett (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 8, year 1944 hour 16 minute 5 A.M.

21. I hereby certify that I attended the deceased from June 25, 1944 to July 7, 1944 that I last saw her alive on July 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to unknown

Due to \_\_\_\_\_

Other conditions 830 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury None

23. Signature J. R. Hill (M. D. or other)

Address Liberal Mo. Date signed 7/9/44

Duration 12 Days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

6  
0

RECEIVED

District Health Officer No. 6,

District File Number 844-898

Date Filed AUG 14 1944

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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.....

*J. M. Berkey*

Licensed Embalmer No. 2336

P. O. Address Mulberry Ave

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.