

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

Registration District No. 167

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4256

State File No. 28098

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 57 years
years, months or days)

3. (a) PRINT FULL NAME LULA BELLE BOWMAN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Bowman 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 1, 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 30 If less than one day
hr. min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Richard Thomas Lavelle
13. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Blanche Greenwell
15. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Bowman
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Sent 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsville, Mo.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) 9-2-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. East 2nd street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day August
year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1942, to Aug 31, 1944
that I last saw her alive on Aug 31, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to
Due to

Other conditions Dementia Praecox
(Include pregnancy within 3 months of death)

Major findings: Of operations 94a Of autopsy —
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?

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

23. Signature Kelly Paulus (M. D. or other)
Address Holden Mo. Date signed 9/2/44

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.