

FILED NOV 24 1944

Registration District No. ....

Primary Registration District No. 5408

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava Rural McMurtery  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Vuola Pate Bowman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (c) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John William Bowman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 24, 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Middleton, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Pate  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Franklin, Bowman (City, town, or county) (State or foreign country)

16. (a) Informant Ava  
(b) Address Ava, Missouri  
17. (a) Burial (b) Date thereof 10-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri  
19. (a) 11-1-1944 (b) Lula Spurlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1944 hour 1 minute 30 A/M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Impairment of old age

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Lula Spurlock Registrar  
Address Ava, Mo. Date signed 10-2-44

RECEIVED  
District Health Officer No. 6,  
District File Number 1144-1215-  
Date Filed NOV 21 1944

NOV 21 1944

NOV 21 1944

*Request of Son, not to have body embalmed*

### 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 *W B Hutchison*

Licensed Embalmer No. *3431*

P. O. Address *Am md*

**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.**