S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1560

State File No. .....

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2008 S. First (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Most of life /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

(c) City or town Greentop 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. "Rural" (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mary Louisa Bowen

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mason Bowen

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

7. Birth date of deceased June (Month) 29 (Day) 1857 (Year)

8. AGE: Years 87 Months 6 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Howard Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James H. Elliott
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Angeline Arnold
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Joe March

(b) Address Kirksville. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/45 (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director D E Riley

(b) Address Kirksville. Mo.

19. (a) 1-13-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1945 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Dec. 27, 1944, to Jan. 5, 1945; that I last saw her alive on Jan. 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation with Cardiac Hypertrophy & Decompensation	3 wks?
Due to	
Due to Uremia - Chr. Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1310	
Of autopsy	

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 2

23. Signature H. D. McClure (M. D. or other) DO

Address Kirksville, Mo Date signed 1/6/45

1649

(Licensed Embalmer's Statement on Reverse Side)

2-45-230
FEB 11 1945

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. D E Riley

Licensed Embalmer No. 4141

P. O. Address. Westminster 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.