

FILED FEB 18 1945

Registration District No.

Primary Registration District No. 4316

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Macou
(b) City or town New Cambria Mo.
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 days
years, months or days

3. (a) PRINT FULL NAME SANDRA LEE BOWMAN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased October 13 1944
(Month) (Day) (Year)

8. AGE: Years . Months Days If less than one day
3 9 — hr. — min.

9. Birthplace: Brookfield mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business "

12. Name Emmett Elmo Bowman
13. Birthplace Bucklin mo.
(City, town, or county) (State or foreign country)
14. Maiden name Beulah Rose Ramsey
15. Birthplace Bucklin mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elmo Bowman
(b) Address 902 Lincoln St Brookfield Mo.

17. (a) Burial (b) Date thereof Jan 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H.P. Killeland

(b) Address New Cambria mo

19. (a) Jan 22 1945 (b) Alman M. Killeland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 902 Lincoln 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 19 1945 to Jan 21 1945
that I last saw her alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Breast Cancer 5 Days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy no

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? _____ (c) Means of injury _____

23. Signature Robert O. West (M. D. or other)
Address New Cambria mo Date signed Jan 22 1945

RECEIVED

District Health Officer No. 10

District File Number 2-45-350

Date Filed FEB 12 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.....

Body was not Embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.