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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

Registration District No. 375

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10902

Primary Registration District No. 6271

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural 112
(If outside city or town limits, write "RURAL")

(d) Street No. Washington 0
(If rural, give location) 0

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Louisa Ann Bowden

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sam Bowden

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November - 28 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	21	x hr. x min.

9. Birthplace Webster Co., Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Peter Price
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bowden (son)
(b) Address Niangua, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-'45
(Month) (Day) (Year)
(c) Place: burial or cremation Graham

18. (a) Signature of funeral director Lex Jaines
(b) Address Marshfield, Mo.

19. (a) March 1'45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1945 hour 9 ~~minute~~ p.M.

21. I hereby certify that I attended the deceased from 2-7, 1945 to 2-19, 1945
that I last saw h— alive on 2-19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial sclerosis & Hypotension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

Of autopsy

Duration

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 0

23. Signature J. W. Lindsey (M. D. or other) MD

Address Conway Date signed 2-23-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 345-309
Date Filed MAR 19 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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.