

FILED MAY 14 1945

Registration District No. 70

Primary Registration District No. 5422

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Rural #  
(c) Name of hospital or institution: Independence Hosp!  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Smith  
(d) Street No. Route 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Margie Bowman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Lou Bowman 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased Dec 16 1916  
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Linton Tenn!  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER  
12. Name Louis Bowman  
13. Birthplace Tenn!  
14. Maiden name Lizzie Brock  
15. Birthplace Tenn!

16. (a) Informant Louis Bowman

(b) Address Smith Rural 1 Mo

17. (a) Burial (b) Date thereof 3-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ms crew Cem

18. (a) Signature of funeral director L. H. ...

(b) Address Kennett Mo

19. (a) 4-9-45 (b) Julius Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21  
year 1945 hour 1 minute 30 P 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 Gun Shot Wound

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

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1640

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 3-21-1945

(c) Where did injury occur? Dunklin Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Sides Home

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

23. Signature Walter ... (M. D. or other) \_\_\_\_\_  
Address Kennett Mo Date signed 3-21-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No. 2  
District File Number 545-639  
Date Filed 5/2/45

MAY 16 1945

AUG 29 1951

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 Walter A. Hawbert  
Licensed Embalmer No. 2002  
P. O. Address Kennett 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.