

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 708

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5422

State File No. 13294

Registrar's No. 34

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME William Morgan 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 (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

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

12. Name Louis Bowman  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Brock  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Louis Bowman  
(b) Address Dunklin Rural 1 Mo  
17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3-23-45  
(Month) (Day) (Year)

(c) Place: burial or cremation MS &rew Cem  
18. (a) Signature of funeral director L. H. and Co  
(b) Address Kennett Mo  
19. (a) 4-9-45 (Date received local registrar) (b) Julius Blankenship (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Dunklin (If outside city or town limits, write "RURAL")  
(d) Street No. Route 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 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 \_\_\_\_\_

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 Sisk's Home (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter A. Hatcher (M. D. or other) Dr  
Address Kennett Mo Date signed 3-21-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. Hawkers*

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.