

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 331

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6142

State File No. 14720

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Clarence, Rural, Jefferson
 (If outside city or town limits, write "RURAL" and name of township)
1, Twp
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Michael Wayne 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, D divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Mar. 25, 1945
 (Month) (Day) (Year)

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

9. Birthplace Clarence, Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Eldred G. Bowman
 13. Birthplace Ponca City, Okla.
 (City, town, or county) (State or foreign country)
 14. Maiden name Hazel Katherine Hubble
 15. Birthplace Lentner, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Eldred G. Bowman

(b) Address Clarence, Mo

17. (a) Burial (b) Date thereof Mar. 26, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Marv Shale

(b) Address Clarence, Mo.

19. (a) April 2, 1945 (b) Madge Looch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Clarence, Rural, Jefferson
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
 year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 1 hour
only Mar 25, 1945 to same date, 1945
 that I last saw him alive on Mar 25, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death atalectasis Duration 1 hr

Due to Birth Injury 1 hour
Prolonged Compression of Chest wall

Due to Congenitally Contracted pelvis
of mother.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 16/10

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) Accident
 (b) Date of occurrence Mar 25, 1945
 (c) Where did injury occur? Clarence Shelby Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
home Birth Injury at delivery
 (Specify type of place) (e) Means of injury

While at work? (f) Signature P. L. Harlan (M. D. or other)

23. Signature Clarence Mo Date signed 3/27/45

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

RECEIVED

District Health Officer No. 10

District File Number 4-45-689

Date Filed APR 13 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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.