S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6093

State File No. 18333

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs - 5 mos. 8 days (Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 97

(c) City or town Rolla 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS-EVERETT-BOWEN

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan - 14 - 1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	4	3	hr. min.

9. Birthplace Lake Spring - Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name T. F. Bowen
13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Sneed
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records - Mo. State School
(b) Address Marshall - Mo

17. (a) Burial (b) Date thereof 5 - 20 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation adams cemetery Phelps Co Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 5/17/45 (b) Mrs T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Artime of death on May 17 - 1945, to , 19 ;
that I last saw him alive on May 17 1945 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to (?)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

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

23. Signature R. Q. Kelly 0 (M. D. ~~or other~~)

Address Marshall - Mo - Date signed 5/17/45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6/12/46

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 Harry Herzberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.