

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18495

FILED JUN 14 1945

Registration District No. 377

Primary Registration District No. 6272

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Denno Rural - Allen Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 none (Specify whether
In this community 65 yrs years, months or days)

3. (a) PRINT FULL NAME CHARLES MARION BOWEN

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife May Bowen 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb 22 1870 (Month) (Day) (Year)

8. AGE: 70 Years 2 Months 14 Days MO If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) MO (State or foreign country)

10. Usual occupation.

11. Industry or business Farmer

12. Name Alexander Bowen
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name Margot Lewis
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant May Bowen

(b) Address Denno MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wesley chapel

18. (a) Signature of funeral director Ben Foss

(b) Address Denno MO

19. (a) May 22 1945 (Date received local registrar) (b) Mayne Rumbart (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison
(c) City or town Denno Rural (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 may day 6 year 1945 hour 11 minute 45 AM.

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 Pneumonia

Due to Cancer of prostate

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature Bentley Neal (M. D. or other) Address Denno City, MO Date signed _____

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 _____

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.