S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31705

FILED OCT 19 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8762

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital 0
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole 26

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

(d) Street No.: R.F.D. #1 NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Everett Newton Bowman

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Margaret Bowman

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

7. Birth date of deceased: June (Month) 7 (Day) 1877 (Year)

8. AGE: Years 68 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace: Petalume (City, town, or county) California (State or foreign country)

10. Usual occupation: Retired Army Colonel

11. Industry or business:

FATHER
12. Name: John C. Bowman
13. Birthplace: Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Lyda Saunders
15. Birthplace: Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Mrs. Jane Swartley

(b) Address: Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation: York, Nebraska

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) OCT 8 1945 (Date received local registrar) (b) J. F. Broedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1945 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2, 19, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage when he was found lying in the bathroom adjoining room occupied by Barnes Hospital Ward 4:10 P.M. Oct 7th 1945 — Duration 1 hr

Due to: Cause and manner of injury not determined

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 1 96

Of autopsy: 111

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 Undetermined

(b) Date of occurrence: Oct 7 1945 0-0

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Barnes Hospital (Specify type of place)

While at work? (c) Means of injury: Fall

23. Signature: Patrick E. Taylor (M.D. or other)

Address: Deputy Coroner Date signed: 10-8-45

(Licensed Embalmer's Statement on Reverse Side)

18-45

441

OCT 20 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed R W Wilkinson

Licensed Embalmer No. 3575

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.