

S. No. 2
M-8-43
5-17-39
X37823

REG. DEC 8 1945
Registration District No. **8**

Primary Registration District No. **3017**

Registrar's No. **122**

1. PLACE OF DEATH:
 (a) County **COOPER**
 (b) City or town **Boonville**
 (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 **✓** (Specify whether years, months or days) **60 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Cooper 2?**
 (c) City or town **Boonville** (If outside city or town limits, write "RURAL") **?**
 (d) Street No. **117- 2nd Street** (If rural, give location) **0**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

3. (a) PRINT FULL NAME **Susan Catherine Bowmer**
 3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **27** year **1945** hour **6** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Oct 14** 1944 to **Oct 27** 1945
 that I last saw her alive on **Oct 27** 1945 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **Never Married** 6. (c) Age of husband or wife if alive **14-1857** years (Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis** Duration **1 year**

8. AGE: Years **88** Months **1** Days **13** If less than one day hr. min.

9. Birthplace: **Howard County MO** (City, town, or county) (State or foreign country)

10. Usual occupation: **at Home**

11. Industry or business:
MOTHER FATHER
 { **12. Name:** **James M. Bowmer**
13. Birthplace: **Howard County MO**
14. Maiden name: **Virginia Wilcox**
15. Birthplace: **Howard County MO**

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **928**
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **George Bowmer**
 (b) Address: **Boonville MO**

17. (a) Burial (b) Date thereof **Oct 30-1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director: **Goodman & Baller**
 (b) Address: **Boonville MO**

19. (a) 10-26-45 (b) **Clay Morris**
 (Date received local registrar) (Registrar's signature)

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 **0**
23. Signature: **J. C. Fincher** (M. D. or other) **MD.**
 Address: **Boonville MO** Date signed **Oct 30 1945**

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

1669

RECEIVED

Health Officer No. 8,

Number

12-7-45

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.....

J. Goodman

Licensed Embalmer No. *1178*

P. O. Address. *Osceola 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.