

S. No. 2  
M-5-43  
y. 5-17-39  
I X38671

State File No. 2567  
Registrar's No. 28

FILED JAN 25 1948  
Registration District No. 99

Primary Registration District No. 5373

100125  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Amity Mo. R.R. Cambridge Mo.  
(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)

In this community All Life.  
years, months or days

3. (c) PRINT FULL NAME Jacob Leonard Bowman.

3. (b) If veteran, No. name war \_\_\_\_\_

3. (c) Social Security No. NO.

4. Sex Male.

5. Color or race Cau.

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

6. (b) Name of husband or wife Jessie M.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 12, 1875.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farmer.

11. Industry or business Same.

12. Name Rycee Bowman

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heltzel

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie M. Bowman.

(b) Address Amity Mo. R.R.

17. (a) Burial. (Burial, cremation, or removal)

(b) Date thereof 12.27.1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) 1-4-46 (Date received local registrar)

(b) Roscoe Davidson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb. 32

(c) City or town Amity R.R. 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No) 15

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
year 1945 hour 9:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from December 11, 1945 to December 24, 1945  
that I last saw him alive on December 22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Pulmonary Embolism

Due to Hypostatic Pneumonia

Other conditions Carcinoma of Prostate  
(Include pregnancy within 3 months of death) Unknown

PHYSICIAN

Major findings: None done

Of operations \_\_\_\_\_

Of autopsy None done

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 Wm. H. Jacobeis (M. D. or other) D.O.

Address Union Star Mo. Date signed 12/24/45

OCT 3 1949

*Handwritten notes*

*Handwritten notes*

*Received*  
DISTRICT HEALTH OFFICE  
Cameron, Mo.

*1-18-46*

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.....

*R. L. Taggart*

Licensed Embalmer No. 2563

P. O. Address. King City 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.