. No. 2
1—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. P-2979

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chenn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 40

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 529 D. Devon 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME Lulu May Bowen

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased March 2 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Benton County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Shaw
13. Birthplace ..... Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leah Anne Markley
15. Birthplace ..... Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Abbie A. Glaze
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Undt Co
(b) Address Webb City Mo

19. (a) JAN 23; 46 (Date received local registrar) (b) P. C. Pritchett MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1946 hour 6 10 minute P M.

21. I hereby certify that I attended the deceased from DEC 20, 1945, to JAN 20, 1946
that I last saw her alive on 1-20, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	
Due to DIABETIC GANGRENE	3 DAYS
Due to BROKEN RIGHT LEG	30 DAYS
Other conditions PULMONARY T.B. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 18
Of autopsy 1860 39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: FRACTURE
(a) Accident, suicide, or homicide (specify) ACCIDENT DUE TO FALL ON ICE
(b) Date of occurrence DEC 20 1945 49
(c) Where did injury occur? [redacted] WEBB CITY MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? CITY STREET
(Specify type of place)
While at work? (e) Means of injury SLIPPED ON ICE

23. Signature [signature] (M. D. or other) D.O.
Address CARTERVILLE MO Date signed 1-23-46

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(Licensed Embalmer's Statement on Reverse Side)

46-1-18

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 myself, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.