

FILED FEB 13 1946

Registration District No.

Primary Registration District No.

4364

State File No.

Registrar's No.

3

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cardwell 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 _____ years, months or days

3. (a) PRINT FULL NAME

KATE BOWMAN

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 widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 3, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 10 If less than one day _____ hr. _____ min. 9

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof 1-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macdonia Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cardwell, Missouri

19. (a) Feb. 2-1946 (b) Ora Tanner by Mrs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 73
(c) City or town Stella
(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 Jan day 1 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb - 20 1943 to Jan - 1 1946
that I last saw her alive on Jan - 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Berger's disease 6m
Due to _____
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 [Signature] (M. D. or other) _____
Address Stella Date signed 1/22/46

RECEIVED

District Health Officer No. _____

District File Number 146-14

Date Filed 2-5-46

JUN 10 1946

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.