

STANDARD CERTIFICATE OF DEATH

State File No. **6258**

**FILED** MAR 13 1946  
Registration District No. ~~170~~ 170

Primary Registration District No. **563.1**

Registrar's No. **800508**

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Rural, Mayfield Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community Seven years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Stoulland Mo  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Harriett Elizabeth 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 Married  
6. (b) Name of husband or wife Harry H Bowman 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased June 9 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Filipen Ky - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER, FATHER } 12. Name W B Johnson  
13. Birthplace unknown Ky 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth A Reed  
15. Birthplace unknown Ky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry H Bowman

(b) Address Richland Mo

17. (a) Burial (b) Date thereof Feb 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoulland Cemetery

18. (a) Signature of funeral director Wingel Evans

(b) Address Stoulland Mo

19. (a) March 5, 1946 (b) Orla Frankberger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12<sup>th</sup>  
year 1946 hour 7:0 minute 9<sup>th</sup> M.

21. I hereby certify that I attended the deceased from July 1st  
1946 to July 12<sup>th</sup> 1946  
that I last saw her alive on July 7<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia  
Duration 12 days

Due to.....

Due to.....

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

Major findings:  
Of operations nil  
Of autopsy nil

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 C. E. Carter (M. D. or other) 0  
Address Stoulland Date signed 2-18-46

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

Received ..... 3/12/46 .....  
Laclede County Health Unit  
File No. .... 2-16-15 .....  
Date Filed ..... 3/12/46 .....

**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..... *Edwin Bankson Wooley* .....  
Licensed Embalmer No. *2488* .....  
P. O. Address..... *Camden, 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.**