

FILED MAR 15 1946

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. 100000

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME LENA BOWMAN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife R.C. Bowman 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased MAR 2 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 16 hr. min.

9. Birthplace IND. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name FRED STICKMAN
13. Birthplace U.S. 1
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant ETHEL ATKINSON
(b) Address LEBANON MO R.S. B35A
17. (c) BURIAL (b) Date thereof 2 - 23 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) FEB. 20, 1946 (b) DR. FRANKENBERGER
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town LEBANON 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.S. 1 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 18
year 1946 hour ABOUT 9 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration

Due to _____
Due to _____

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

Major findings:
Of operations

Of autopsy 940

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) Means of injury _____
23. Signature Dr. Palmer (Palmer)
Address Lebanon Mo Date signed 2/19/46

Received 3/12/46

Laclede County Health Unit

File No. 2-46-19

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 Allyn Hethridge Hooker

Licensed Embalmer No. 4333

P. O. Address Libanon 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.