

S. No. 2
 A-8-43
 5-17-39
 P I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9925

State File No. _____

FILED MAR 27 1946

Registration District No. 109

Primary Registration District No. 4258

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Edina
 (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 Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 521
 (c) City or town Edina
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Thomas Bowen

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mandy Duggan Bowen 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Feb - 13 - 1873
 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Knox County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Bowen
 13. Birthplace Novelty Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Hodge
 15. Birthplace Knox County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Head
 (b) Address Novelty, Missouri

17. (a) Burial (b) Date thereof Feb-19-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hazel Dell - Knox County, Mo.

18. (a) Signature of funeral director Keith Hudson
 (b) Address Edina, Missouri

19. (a) Feb. 18 - 46 (b) Nelle S. Nurnett
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
 year 1946 hour 12 minute 03:00 M.

21. I hereby certify that I attended the deceased from Feb. 14, 1946, to Feb. 16, 1946;
 that I last saw him alive on Feb. 16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Anemia Duration 1 yr.

Due to _____

Due to _____

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

Major findings: 7300
 Of operations _____
 Of autopsy _____

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 2

23. Signature C. P. Gibson (M. D. or other) _____
 Address Edina 270 Date signed 2/19-46

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 8851

RECEIVED

District Health Officer No. 10

District File Number 3-46-615

Date Filed MAR 19 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.