

FILED MAY 7 1946
Registration District No. 140

Primary Registration District No. 5544

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

205

118.0

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Burton
(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 _____

3. (a) PRINT FULL NAME Adam Henry Bowman

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-10-8232

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 6 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Evelyn Fowler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 9, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-28 1946 to 4-28 1946
that I last saw live on 4-28 1946
and that death occurred on the date and hour stated above

Immediate cause of death Heart attack Duration _____

8. AGE: Years 70 Months 5 Days 19 If less than one day _____ hr. _____ min.

Due to Severing of Radial Artery

Due to _____

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

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

10. Usual occupation Secton Foreman

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Josephine Golf

15. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

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

16. (a) Informant Mrs. Evelyn F. Bowman

(b) Address Burton Missouri

22. If death was due to external causes, fill in the following:
(a) ~~Accident~~, suicide, or suicide (Specify)
(b) Date of occurrence 4-28-46
(c) Where did injury occur? Burton Hwy Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

17. (a) Burial (b) Date thereof 4/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or ~~removal~~ Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 5-1-1946 (b) Boothby
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Sloan (M. D. or other) 19.5
Address Fayette Mo Date signed 5-1-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-6-46

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,

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

Signed Raymond A. Carr

Licensed Embalmer No. 35

Address 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.