

S. No. 2  
M-8-43  
5-17-36  
1-17-25

16140

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 9 1946

Registrar's No. 39

Registration District No. 93

Primary Registration District No. 5332

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural - Ernest  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 10 miles N.W. of Greenfield  
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution No (Specify whether \_\_\_\_\_)

In this community 50 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 10 mi. N.W. Greenfield  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CAROLINE BOWMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1946 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from May 1 1946 to May 7 1946  
that I last saw her alive on May 17 1946  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color of race White

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

(b) Name of husband or wife Charles W. Bowman

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

7. Birth date of deceased January 7 1860  
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

86 4 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business Home

12. Name John Jennie

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

14. Maiden name Barbara Ann Deicht

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 831

16. (a) Informant Mr. John Bowman

(b) Address Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Sam S. Sweeney Jr

(b) Address Greenfield, Mo.

19. (a) 5-15-1946 (Date received local registrar) (b) Geo. K. Weir (Registrar's signature)

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 W. D. Combs (M. D. or other) \_\_\_\_\_

Address Lockwood Mo Date signed 5-22-46

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

MOTHER FATHER

**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 *James E. Senseney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, Ma*

**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.**