

No. 2-43
5-17-39
X3897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23450

FILED AUG 5 1946

Registration District No. 170

Primary Registration District No. 4229

Registrar's No. 6

1. PLACE OF DEATH:

- (a) County Howard
(b) City or town New Franklin
(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. 16 yrs. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME MAUD VICTORIA BOWMAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced. WIDOWED

6. (b) Name of husband or wife CHAS. BOWMAN 6. (c) Age of husband or wife if alive DEC years

7. Birth date of deceased June 24 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Ossage Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John W. Ferguson

13. Birthplace Ossage Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Anna Cleary

15. Birthplace Ossage Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gladys Lanier

- (b) Address New Franklin Mo.

17. (a) Burial (b) Date thereof June 1, 1946 (Month) (Day) (Year)

- (c) Place: burial or cremation Clarks Chapel

18. (a) Signature of funeral director C. L. Newland

- (b) Address New Franklin Mo.

19. (a) 6-14-46 (b) Mrs. M. Bowman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard
(c) City or town New Franklin Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 30 1946 to May 30 1946
that I last saw him/her alive on May 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to arteriosclerosis 8 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 94

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) (c) Means of injury ---

23. Signature L. L. Chamberlain (M. D. or not)

Address New Franklin Mo Date signed 6-1-46

123

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 1

District File Number

Don File No. 8-3-16

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

H. L. Place

Licensed Embalmer No.

3515

P. O. Address

New Franklin

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 6

Registration District No. 140 Primary Registration District No. 4229

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin
(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
In this community years, months or days)

3. (a) PRINT FULL NAME Maud U. 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 wid

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased June 24 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 1 (If less than one day, hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Burial (b) Date thereof 6-1-46 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Clarks Chapel

18. (a) Signature of funeral director

(b) Address

19. (a) (b) Mrs Lee Bowman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1946 Hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 1946 to 1946, 1946, that I last saw him alive on Aug 1, 1946 and that death occurred on the date and hour stated above. Immediate cause of death.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

23450