

3. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
FILED NOV 2 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32936**

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **353**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 hrs**
(Specify whether years, months or days) **3 Mo**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **De Witt MO**
(c) City or town **Oran MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **GEARL DAVID BOWMAN**
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **MO** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **JULY - 26 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— 2 26 hr. min.

9. Birthplace **ORAN MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **shed.**

MOTHER FATHER
11. Industry or business
12. Name **gearl Arch Bowman**
13. Birthplace **Hager ville Ark**
(City or town of county) (State or foreign country)
14. Maiden name **Walter Eledge**
15. Birthplace **London Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **gearl A. Bowman**
(b) Address **Oran Mo R.#1**
17. (a) **Removal** (b) Date thereof **10/23/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oran Mo**
18. (a) Signature of funeral director **Heisserer F. Home**
(b) Address **Oran MO**
19. (a) **12-31-1946** (b) **C. G. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **22**
year **1946** hour minute **2 P. M.**
21. I hereby certify that I attended the deceased from **Oct 21**, 1946 to **Oct 22**, 1946
that I last saw him alive on **Oct 22**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage stomach**
Due to **acute gastritis**
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) (e) Means of injury
23. Signature **Chas. J. Verley** (M. D. or other)
Address **Cape Girardeau Mo** Date signed **10/23/46**

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

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

31764

RECEIVED

Health Officer No. 4
File Number 1146-2817
11-4-46

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 Raymond C. Crows
Licensed Embalmer No. 3467
P. O. Address Sekeston 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.