. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

34512

State File No.

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Grape Grove Twp Route 1
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray.

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

(d) Street No. 6 mi N.E. of Hardin.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dee Bowman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Lydda Bowman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 29 (Day) 1870 (Year)

8. AGE: Years 76 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Bowman /
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Spitzer
15. Birthplace Virginia (City, town, or county) (State or foreign country) /

16. (a) Informant Frances Bowman
(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 4 (Day) 46 (Year)
(c) Place: burial or cremation Wakendaw Cem.

18. (a) Signature of funeral director John W. Knepschild
(b) Address Hardin Mo

19. (a) Oct 3-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1946 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 7, 1945, to Oct. 2, 1946 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	2 days
Due to Enlarged Prostate	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 137 P

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Dr. E. G. Kevan A.B. D.O.
Address Richmond, Mo. Date signed Oct 3 1946

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-12-46

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

Signed John W. Kuipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.