

Registration District No. **346**

Primary Registration District No. **6165**

1. PLACE OF DEATH: **Stone**
(a) County **Stone**
(b) City or town **Hurley**
(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 **10 years**
In this community **10 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Stone**
(c) City or town **Hurley**
(d) Street No. **0**
(e) Citizen of foreign country? **no**
If yes, name country **-**

3. (a) PRINT FULL NAME **Hallie Eva Bowyer**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **Dec** - day **30**
year **1946** hour **6** minute **55 AM**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **A. L. Bowyer**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **July 20 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 29**, 1946 to **Dec 30**, 1946
that I last saw him alive on **Dec 3**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **2 day**

8. AGE: Years **52** Months **5** Days **11**
If less than one day **-** hr. **-** min. **-**

Due to **Hypertension**
Due to **-**

9. Birthplace **Douglas Kansas**
(City, town, or county) (State or foreign country)
House-wife

Other conditions **-**
(Include pregnancy within 3 months of death)

11. Industry or business **Charlie Atwood**

PHYSICIAN

12. Name **Charlie Atwood**
13. Birthplace **Illinois**
14. Maiden name **not known**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **-**
Of autopsy **-**

16. (a) Informant **A. L. Bowyer**
(b) Address **Hurley, Mo.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (b) Date thereof **1-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Steele Cem. Hurley**

(a) Accident, suicide, or homicide (specify) **-**
(b) Date of occurrence **-**
(c) Where did injury occur? **-**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury **-**

18. (a) Signature of funeral director **J. B. Surridge**
(b) Address **Marionville, Mo.**
19. (a) **12-31-46** (b) **Clarence K. ...**
(Date received local registrar) (Registrar's signature)

23. Signature **H. L. Kerr** (M. D. or other) **C**
Address **Craney Mo** Date signed **12-31-46**

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

RECEIVED
District Health Officer No. 6
Dist. File Number 147-88
Date Filed JAN 10 1947
FEB 3 1947
JAN 10 1947

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 *Fernand Surridge*
Licensed Embalmer No. 3072
P. O. Address. *Marionville*

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.