

FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12721

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town Old Appleton Mo.
(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 57-0-24 (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEWilliam Everett Bowman

3. (b) If veteran,

name war

3. (c) Social Security

No. 498-07-6108

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Flora Bowman 6. (c) Age of husband or wife if alive years 24 1890

7. Birth date of deceased March (Month) 24 (Day) 1890 (Year)

8. AGE: Years 57 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Brewery Work

11. Industry or business

12. Name Charles B. Bowman

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

14. Maiden name Susan Cashion

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

16. (a) Informant Howard Bowman

- (b) Address Old Appleton Mo.

17. (a) Burial (b) Date thereof 4-21-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place of burial or cremation Zion Methodist Church

18. (a) Signature of funeral director Young & Sons

- (b) Address Perryville Mo.

19. (a) 4-22-47 (b) D. H. Liebert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau
(c) City or town Old Appleton Mo. (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 April day 18
year 1947 hour about 9 minute 7 M.

21. I hereby certify that I attended the deceased from 21 _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

- Immediate cause of death Fracture of the right temporal bone of the skull
Due to Grading down rear steps of his residence
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) Accident

- (b) Date of occurrence April 18, 1947

- (c) Where did injury occur? Old Appleton Cape Girardeau (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home in main st. Old Appleton

- While at work? no (Specify type of place) Means of injury truck hit rock

23. Signature D. H. Liebert (M. D. or other)

- Address Jackson, Mo. Date signed 4/19/47

RECEIVED

District Health Officer No. 4

District File Number 447-607

Date Filed 4-30-47

MAY 16 1947
MAY 19 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

Licensed Embalmer No. 2138

P. O. Address Peru, Ill.

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 CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

May
29

Registration District No. 52

Primary Registration District No. 4093

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town Old Appleton
(If outside city or town limits, write "RURAL" or 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 NAMEWm C. Bowman

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex M 5. Color or W 6. (a) Single, widowed, married,
race divorced wid

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

alive years

7. Birth date of deceased
- March
- 1918
-
- (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (c) Signature of funeral director

- (b) Address

19. (a)
- 4-22-47
- (b)
- D. G. Luby
-
- (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
- May
- Year
- 1947
- hour
- 10
- minute
- 18
- M.

21. I hereby certify that I attended the deceased from
- 1918
- to
- 1947
- ; that I last saw him alive on
- May 19, 1947
- and that death occurred on the date and hour stated above. Immediate cause of death
- Heart
- Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

12721