

FILED MAY 5 1947  
Registration District No. 308

Primary Registration District No. 3209

Registrar's No. 10

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

1. PLACE OF DEATH

(a) County CARROLL  
(b) City or town Carrollton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: "Rural" Leslie Trup.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALLIE CATHERINE Bowman

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

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

6. (b) Name of husband or wife WALTER BOWMAN 6. (c) Age of husband or wife 85 years

7. Birth date of deceased January 29 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name D. H. Stratton

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

14. Maiden name BOWMAN

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

16. (a) Informant Walter Bowman

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 4-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: Norborne

18. (a) Signature of funeral director E. A. Dickson

(b) Address Boyard Mo.

19. (a) 4-10-1947 (b) Eunice Street  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CARROLL 17  
(c) City or town Carrollton, Mo. RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1947 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from March 22  
1947 to April 8 1947  
that I last saw her alive on April 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Carcinoma Duration 9 weeks

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) (e) Means of injury \_\_\_\_\_

23. Signature E. A. Dickson (M. D. or other) D

Address Boyard Mo. 475/177 Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-47

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

*E. D. Pearson*

Licensed Embalmer No.

2534

P. O. Address

*Englewood, 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.