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5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14517

State File No. ....

FILED MAY 6 1947

Registration District No. 275

Primary Registration District No. 305.3

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Dumping Grounds. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81  
(c) City or town Rolla 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway 63 South 2  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Marion Bowen

3: (b) If veteran, name war xx 3. (c) Social Security No. 493-07-0007

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

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

7. Birth date of deceased Sept. 23, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 7 4 hr. min.

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

10. Usual occupation Laborer...Lumber yard.

11. Industry or business.....

12. Name Nathan Bowen

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

14. Maiden name Mary Jane Brown

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

16. (a) Informant Mrs. Mary Jane Brown

(b) Address Rolla, Missouri..Gen Dely

17. (a) Burial (b) Date thereof April 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.

(b) Address 508 W. 8th St., Rolla Mo.,

19. (a) 4-30-47 (b) Nadine L. Steele  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on..... 19.....  
Did not see him alive

Immediate cause of death Burns; 1st, 2nd & 3rd. Degree on Arms, neck, Trunk and upper portion of lower extremities Duration  
Accidental death by fire. Coroners verdict;

Due to Intoxication.

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 81

(b) Date of occurrence April 27, 1947

(c) Where did injury occur? Rolla Phelps Mo.,  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Dumping grounds.

(Specify type of place)

While at work? no (e) Means of injury Burns

23. Signature S. B. V. Null Coroner

(M.D. or other)

Address Rolla Missouri Date signed 4/28/47

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

MOTHER FATHER

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

*Paul E. Mullen*

Registered Apprentice No. *428*

working under my personal supervision.

Signed

*P. E. Mullen*

Licensed Embalmer No.

*03394*  
*Roller Mo*

P. O. Address

**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.**