

No. 2
1-5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17900

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXX East 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden (If outside city or town limits, write "RURAL") 1
(d) Street No. East 2nd Street, (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country XXXX

3. (a) PRINT FULL NAME GEORGE HENRY BOWMAN

3. (b) If veteran, name war XXXX 3. (c) Social Security No. 493-12-1875

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Lue Bowman 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 6 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 14 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Garment Factory

MOTHER FATHER

12. Name Jacob J. Bowman

13. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Flora Stillabower

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

16. (a) Informant Mary Lue Bowman

(b) Address Holden, Missouri

17. (a) burial (b) Date thereof May 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) June 1, 1947 (b) Mrs. K. V. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1947 hour 1/25 minute P M.

21. I hereby certify that I attended the deceased from March 20, 1947, to May 20, 1947.
that I last saw him alive on May 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Basilar hemorrhage from rupture of esophageal varices
Due to varices

Other conditions Cerebral Thrombosis
(Include pregnancy within 3 months of death)

Major findings: — 3 B
Of operations —
Of autopsy —

Duration
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) (Specify means of injury) 0

23. Signature Kelly Rawlins (M. D. or other) 0
Address Holden, Mo Date signed 5/25/47

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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Halden N.Y.

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.