

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18243

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 98

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Armstrong Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)
In this community 1 month

3. (a) PRINT FULL NAME Susian Alice Bowman

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Chas E. Bowman
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased July 22 1854
(Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 13
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name George Jackson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elian Saunders
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Bowman
(b) Address Fairfax, Missouri.

17. (a) burial (b) Date thereof 5/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) 5/15/47 (b) Bear Holt
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? n o (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1947 hour 4 minute 0 A. M.
21. I hereby certify that I attended the deceased from 9 days
to July 15 1947
that I last saw him alive on July 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Endocarditis

Due to Brucellosis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 935
Of autopsy

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 A. F. Taylor (M. D. or other) 4.10
Address Maryville Date signed 5/7/47

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

DISTRICT HEALTH OFFICE
Camden, Mo.
DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

Joe M. Davis

Licensed Embalmer No. 2394

P. O. Address. Tarkio, 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.