

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18425

Registration District No. 294

Primary Registration District No. 3056

State File No. _____

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution Wabash Hospital
(d) Length of stay: In hospital or institution Eight Hours
In this community Entire Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

REUBEN ABRAHAM BOWMAN

3. (b) If veteran, name war None 3. (c) Social Security No. 702-059245

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Pearl Bowman 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February - 3-18-74
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Cash Cleaner (Retired)

11. Industry or business Wabash R.R.

12. Name Joseph Bowman

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

14. Maiden name Betty Allen

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

16. (a) Informant Mrs. Anna P. Bowman

(b) Address 1207 Emerson Moberly Mo.

17. (a) Burial (b) Date thereof May - 30 - 47
(Manner, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director None

(b) Address Moberly Mo.

19. (a) May 20 - 47 (b) Jacksonville, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 1207 Emerson
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 17 1947 to May 17 1947
that I last saw him alive on May 17 1947 at 8:30 PM
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 1 year
Due to Hypertensive Cardiovascular Disease 10 years

Due to _____
Other conditions Cerebral and General 5 years
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis PHYSICIAN
Of operations None
Of autopsy None
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? _____
(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 L. Bowles (M. D. or other) _____
Address Wabash Moberly Date signed 19 May 47

JAN 25 1950
OCT 21 1947

RECEIVED
District Health Officer No. 10
District File Number 547-896
Date Filed MAY 28 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.....

P. M. Cater

Licensed Embalmer No.....

4117

P. O. Address.....

Moberly 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.