

FILED JUN 23 1947

Registration District No. 135

Primary Registration District No. 4210

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Ridgeway  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 61 years  
years, months or days

3. (a) PRINT FULL NAME LILLIAN MELISSA BOWMAN

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

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

6. (b) Name of husband or wife Wesley Bowman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 11 1846  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monroe County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business 1

12. Name Sampson Marian Pittman

13. Birthplace Monroe Co Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Stine

15. Birthplace Monroe Co Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Nada Russell

(b) Address Bethany, Mo

17. (a) Burial (b) Date thereof April 26 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowman Cemetery

18. (a) Signature of funeral director Robert R. Rogers

(b) Address Ridgeway Mo

19. (a) 4/26/47 (b) Lois Brewer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Ridgeway  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1947 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from Feb 3 1947, to Apr 24 1947  
that I last saw her alive on Apr 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia Duration 3 yrs

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1100

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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 0

23. Signature Lois Brewer (M. D. or other)

Address Ridgeway Mo Date signed 4/26/47

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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

*Robert R. Rogers*

Licensed Embalmer No. *35-76*

P. O. Address *Ridgeway 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.**