

FILED OCT 29 1947

Primary Registration District No. 3003

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Lawrence Barry

(b) City or town Mount Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Vincent's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days)

In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence 55

(c) City or town Pinedale 4
(If outside city or town limits, write "RURAL")

(d) Street No. 204 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH LETTIA BOWEN

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married divorced Widowed

6. (b) Name of husband or wife William A. Bowen

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 19 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 21
If less than one day hr. min.

9. Birthplace Newton County MO
(City, town, or county) (State or foreign country)

10. Usual occupation District

11. Industry or business _____

12. Name Roland E. Bowen

13. Birthplace Newton County MO
(City, town, or county) (State or foreign country)

14. Maiden name Jean Bissard

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

16. (a) Informant Mona E. Renta

(b) Address 1432 Monroe Spalin MO

17. (a) Burial (b) Date thereof Oct. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bereynck Ametey

18. (a) Signature of funeral director Walker Bros

(b) Address Pinedale MO

19. (a) 10-13-47 (b) W. McQuest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1947 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 6 1947 to Oct 10 1947
that I last saw her alive on Oct 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis and hypertension

Due to _____

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

Duration 4 hrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations 48

Of autopsy a

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 J. L. Edwards (M. D. Brother) M.D.
Address Pinedale, Mo Date signed Oct 11, 1947

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1047-1127

Date Filed OCT 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.....

Edwin P. Wilks

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Edwin P. Wilks

Licensed Embalmer No. 4631

P. O. Address Perse City 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.