

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36992

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT SUSANNAH H. BOWMAN
FULL NAME

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Ithamar Bowman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 5 _____ hr. _____ min.

9. Birthplace Huntington County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

12. Name Gabriel Hardman

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

14. Maiden name Anna Dilling

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

16. (a) Informant Mrs. Carrie Rathbun

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Nov. 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cem. Purcell, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) NOV 25 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar (If outside city or town limits, write "RURAL")
(d) Street No. 800 Grand (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1947 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from November 1 1947 to Nov. 23 1947
that I last saw her alive on Nov. 22 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Coronary disease
old age
Due to 6w

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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) (e) Means of injury _____

23. Signature D. Guldner (M. D. or other)
Address Lamar Date signed 11.23.47

RECEIVED MAR 24 1950
District Health Officer No. 6;
District File Number 1247-1269
Date Filed DEC 3 1947

DEC 9 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.....

Frank W. Denton....., Registered Apprentice No. 7
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.