

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2118

Registration District No. 27

Primary Registration District No. 6021

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Payson Co
(b) City or town Snake Grove Twp.
(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 78 years (Specify whether years, months or days)
In this community 78 years

3. (a) PRINT FULL NAME Katie Ann Bowman

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 6, 1868
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name David H. Myers

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

14. Maiden name Mary M. Wagoner

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

16. (a) Informant Mrs Fannie Hoover

(b) Address Northborne Mo

17. (a) Burial (b) Date thereof 1 18 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wakenda Cem.

18. (a) Signature of funeral director John W. Kniprich

(b) Address Harden Mo

19. (a) Jan 19-48 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Payson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North East of Harden
6 mi. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 1948 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from December 28, 1947 to January 16, 1948; that I last saw him alive on January 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to Pachymeningitis, cerebral 1 week

Due to Hypertension, vascular ?
Arteriosclerosis diffuse ?

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? 0
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Raeper Haskell (M. D. or other) MD
Address 212 South Pine Street Date signed 1-16-48

(Licensed Embalmer's Statement on Reverse Side) Noted by me

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-14-48

FEB 10 1948

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John W. Knipschild
Licensed Embalmer No. 2789
P. O. Address Hardin, 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.