S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5332

Registration District No. 169 Primary Registration District No. 4263 Registrar's No. 200

**1. PLACE OF DEATH:**
(a) County Knox
(b) City or town Novelty, "Rural" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Route #3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Knox 52
(c) City or town Novelty (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural Route #3 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Ray Bowen
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Bea Adams 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 11 (Day) 1886 (Year)

8. AGE: Years 61 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Knox County, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Polk Bowen
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Bell Nichols
15. Birthplace Missouri (City, town, or county) (State or foreign country) ()

16. (a) Informant Nannie Bea Bowen
(b) Address Novelty, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell Cemetery

18. (a) Signature of funeral director Dan Ruby
(b) Address Kirksville, Missouri

19. (a) Feb 10-48 (Date received local registrar) (b) Nellie S. Kinnaird (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 26 year 1948 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 19, 1948 to Jan 26, 1948 that I last saw him alive on Jan 26, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | Jan 23 1948 to Jan 26 1948 |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. O. Holmes (M.D., or other) DO
Address Novelty Mo Date signed 2-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-48-329
FEB 16 1948
Date filed

## 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirkland Wn

**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.