S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7596

Registration District No. 361 Primary Registration District No. 4529 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Mely (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 2 months 15 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Missouri (b) County Vernon 0
(c) City or town Mely (If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Bowker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fm 1
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 21 (Day) 1947 (Year)

8. AGE: Years 0 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Mely (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name William Wellborn Bowker
13. Birthplace Kevoda (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Janie Lorraine
15. Birthplace Horton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant W. K. Bowker
(b) Address Mely, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Balltown
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Kevoda Missouri
19. (a) 2-11-48 (Date received local registrar) (b) Mrs W. C. Graves (Registrar's signature) MDA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 6 hour 20 minute A.M.
21. I hereby certify that I attended the deceased from Feb 4 1948 to Feb 5th 1948 that I last saw her alive on Feb 4th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to Influenza, Intestinal	
Due to Type	4 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33	
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 0
23. Signature Wm H. Allen (M. D. or other)
Address Hume Date signed 2/10/48

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

RECEIVED
District Health Officer No. 7,
District File Number 1-48-76
Date Filed 2-17-48

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 Mike E Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.