V. S. No. 2
0M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 16 1948
Registration District No. 43

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 7963
Registrar's No. 86

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 905 Apple St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12 7
(c) City or town Poplar Bluff, Mo 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 905 Apple St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adelaide Missouri Bowen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem.
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Wm. B. Bowen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 6, 1856 (Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Quincy, Tenn (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Benjamin H. Hyde
13. Birthplace Trenton, Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Cannon
15. Birthplace Quincy, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Norah Chapman
(b) Address Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation City — Poplar Bluff, Mo
18. (a) Signature of funeral director Frank — Cottrell
(b) Address Poplar Bluff, Mo
19. (a) 3-5-48 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 24 48, 19, to Feb 25, 1948;
that I last saw her alive on Feb 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93D
Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. ~~or other~~)
Address Poplar Bluff Mo Date signed 3/3/48

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

RECEIVED
District Health Office No. 2,
District File Number 348-339
Date Filed 3-8-48

MAR 11 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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.