

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8135

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 10

1. PLACE OF DEATH:

(a) County CCUAR
(b) City or town EL DORADO SPRINGS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 N MAIN ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOM
(Specify whether
In this community 5 YRS.
years, months or days)

3. (a) PRINT FULL NAME HENRIETTA ROOT BOWEN

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
7. Birth date of deceased DEC. 31 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 1 12 — hr. — min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business SEW

MOTHER FATHER { 12. Name ALFRED ROOT
13. Birthplace ILL.
(City, town, or county) (State or foreign country)
14. Maiden name NANCY BUNDS
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bessie Trail
(b) Address 6 EL DORADO SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 2-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROCKVILLE CO.

18. (a) Signature of funeral director —
(b) Address 6 EL DORADO SPRINGS, MO.

19. (a) 2/17/48 (b) —
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State MISSOURI (b) County Cedar
(c) City or town EL DORADO SPRINGS, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 307 N. Main Street
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8 Feb. 1948
to 8 Feb. 1948
that I last saw him alive on 8 Feb.
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERCRANIAL
Hypertension Duration 2 Wks

Due to atherosclerosis above

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 837
Of operations —

Of autopsy None 837
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? —

(Specify type of place) (c) Means of injury
While at work? —
23. Signature — (M. D. or other) —
Address 6 EL DORADO SPRINGS, MO. Date signed 16 Feb. 48

RECEIVED
District Health Officer No. 7,
District File Number 2-48-276
Date Filed 3-23-48

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.....

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

Signed

Floyd C. Curathus

Licensed Embalmer No. 4419

P. O. Address Donald Springs

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.