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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11276

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 (If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community 27 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Nevada 1 (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years 0

3. (a) PRINT FULL NAME GORDON BOWMAN

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

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept (Month) 10 (Day) 1865 (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day hr. min.

9. Birthplace ~~Ohio~~ (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business ✓

FATHER
12. Name John Bowman
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Irwin
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp. Cemetery

18. (a) Signature of funeral director Allen V. Hays
(b) Address Nevada Mo.

19. (a) 3-26-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 321

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 6 minute 45 p M.

21. I hereby certify that I attended the deceased from 2-27-, 1948 to 3-24-, 1948; that I last saw him alive on 3-24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Arteriosclerosis	
Due to	
Due to	
Other conditions Hypertention (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R G Hall M.D. (M.D. or other)
Address Nevada Mo Date signed 3-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-313
Date Filed 2-29-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Allen V. Harp

Licensed Embalmer No. 1968

P. O. Address Neosho 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, above space should be left blank.