

National Office of Vital Statistics

State File No.

FILED JUN 21 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 654

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri Methodist Hosp't.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME George Vernon Bowman3. (b) If veteran, name war None 3. (c) Social Security No. 474-07-5056

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased May 24 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 0 15 hr. min.

9. Birthplace Horton Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Dugdale Packing Co.12. Name Thomas I. Bowman13. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)14. Maiden name Rosy Mote15. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Thomas I. Bowman(b) Address 908 Jule St.17. (a) Burial (b) Date thereof June 11, 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Norman W. Jenkins(b) Address 1802 Union St. St. Joseph, Mo.19. (a) 6-14-48 (b) Norman W. Jenkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 820 No. 3rd. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 8 minute 10 A.M.21. I hereby certify that I attended the deceased from June 2 1948 to June 9 48
that I last saw him alive on June 8 48
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial Pneumonia
Duration Ukn.Due to Bronchitis complicated by Bronchial Asthma
Duration Ukn.Due to 107Other conditions 107
(Include pregnancy within 3 months of death)Major findings: Of operations 107Of autopsy 107

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 107(b) Date of occurrence 107(c) Where did injury occur 107
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? 107
(Specify type of place)While at work? 107 (e) Means of injury 10723. Signature Norman W. Jenkins (M. D. or other) 107Address The Tootle Building Date signed 6-10-48
St. Joseph, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK

MOTHER FATHER

11
1
2
0

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.