

FILED JUL 1 1948

Registration District No. 248

Primary Registration District No. 4364

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CARDWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Benton
(c) City or town Garfield - Rural Route #1
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME BOWMAN, WILMA EARLINE

3. (b) If veteran, name war..... (c) Social Security No. 444-18-8745

4. Sex: Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife J. D. Bowman, Jr. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 2, 1919
(Month) (Day) (Year)

8. AGE: 28 Years Months 8 Days 14 If less than one day
hr. min.

9. Birthplace Durham, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Thomas E. Smoot

13. Birthplace Durham, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Gerard

15. Birthplace Philadelphia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Bowman Jr.
(b) Address Garfield, Arkansas

17. (a) Removal (b) Date thereof June 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reddick Cemetery near Garfield, Ark.

18. (a) Signature of funeral director A. Allison
(b) Address Box #170, Rogers, Arkansas

19. (a) 6-23-48 (b) Alpha Oyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16
year 1948 hour 7 minute 16 M.

21. I hereby certify that I attended the deceased from 5-30 1948 to 6-16-48 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on 6-16-48 1948

Immediate cause of death Strangulated Bowel Duration 19 days
Peritonitis 19 days

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 122 B
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?.....

While at work?..... (Specify type of place) Means of injury.....

23. Signature Cardwell (M. D. or other) M.D.
Address Stella Mo. Date signed 6/16/48

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

RECEIVED

District Health Officer No. Newton
District File Number 648-328
Date Filed 6-28-48

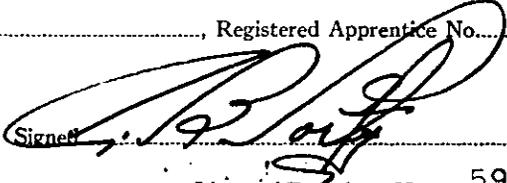
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

C.B. Porter

Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. 599 State of A

P. O. Address Rogers, Arkansas

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 18

Registration District No. 243 Primary Registration District No. 4364

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wilma F. Bowman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct
(Month) (Day) (Year)

8. AGE: Years 28 Months Days If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6-23-48 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

S-20233