No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6, 1948
Registration District No. 2 91

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20249

Primary Registration District No. 3 048

Registrar's No. 152

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Taylor 999
(c) City or town Athelstan 13
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Susie Christine Bownes
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 Married
6. (b) Name of husband or wife Fred A Bowens
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 13 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	7	hr. min.

9. Birthplace Worth County (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Benjamin Lantz
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Mary Barrett
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Fred A Bownes
(b) Address Athelstan Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Athelstan Iowa
18. (a) Signature of funeral director Floyd Ethuns
(b) Address Bedford Iowa
19. (a) 6-26-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 5 A.M. minute M.
21. I hereby certify that I attended the deceased from June 17, 1948 to June 20, 1948
that I last saw her alive on June 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Glomerular Nephritis	2 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 20	
Of autopsy	

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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank B Matteson M.D.
Address Grant City, Mo Date signed June 21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Floyd Ebhum

Licensed Embalmer No. 2381 Iowa

P. O. Address Bedford Iowa

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.