FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22185

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 727

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: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 55 years

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.: 2906 So. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Robert Lee Bowen
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle May Bowen
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: December (Month) 10 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	25	hr. min.

9. Birthplace: DeKalb County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Stationary Engineer
11. Industry or business: Artesian Ice & Cold Stg. Co.

FATHER
12. Name: Francis Marion Bowen
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Sarah Means
15. Birthplace: DeKalb County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Myrtle Bowen
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Heaton-Bordman
(b) Address: St. Joseph, Mo.
19. (a) 7-12-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from June 23, 1948 to July 5, 1948 that I last saw him alive on July 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	
Due to: Carcinoma of Prostate c metastasis to liver	6 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 5 B
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? (Specify type of place) 0
While at work? (e) Means of injury:
23. Signature: Irvin Rosenthal (M. D. or other) M.D.
Address: St Joseph Mo Date signed: 7-6-48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Jo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.