

FILED AUG 11 1948

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 239

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau (CAPE G.I.R.)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Eastmo Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution was dead
 when arrived at hospital (Specify where) (e)
 In this community when arrived at hospital
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County SCOTT 1110
 (c) City or town SIKESTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 300 NORTH ST (e) 21
 (If rural, give location)
 Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PHILLIP DOVER BOWMAN
 3. (b) If veteran name war W.W.II
 3. (c) Social Security No. 499-20-8300

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 24
 year 1948 hour 12 minute 45 A. M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 16 1926
 (Month) (Day) (Year)

Immediate cause of death Broken Neck
 Duration _____

8. AGE: Years 21 Months 8 Days 8
 If less than one day _____ hr. _____ min.

Due to an automobile collision Studebaker + Chevrolet.
 Due to _____

9. Birthplace Sikeston Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name A. Paul Bowman
 13. Birthplace Sikeston Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Dover
 15. Birthplace Farmington Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Dover
 (b) Address Sikeston Mo.
 17. (a) Burial (b) Date thereof 7/26/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 1/5
 (b) Date of occurrence July 24, 1948
 (c) Where did injury occur? Cape Girardeau Cape Mo
 (City or town) (County) (State)
 (d) Did injury occur on or about home, on farm, in industrial place, in public place?
On U.S. Highway 61 - north of Cape
 (Specify type of place) (e) Means of injury Auto

(a) Signature of funeral director Walter Funeral Home
 (b) Address Sikeston Mo.
 19. (a) 8-5-48 (b) C. C. Summers
 (Date received local registrar) (Registrar's signature)

While at work? No (c) Signature Dr. J. F. Sigmond
 (M.D. or other) Owner 3
 Address Jackson, Mo Date signed 7/27/48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 848-98

Date Filed 8-10-48

AUG 11 1948

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 *Raymond J. Crews*

Licensed Embalmer No. 3467

P. O. Address *Sikeston Mo.*

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

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