

Registration District No. 58

Primary Registration District No. 3011

State File No.

Registrar's No. 70

1. PLACE OF DEATH

(a) County CARROLL

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

(c) Name of hospital or institution:  
Stanton Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp. 16 days  
(Specify whether)

In this community 60 years  
(years, months or days)

3. (a) PRINT FULL NAME LUTHER WALTER BOWMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive Three years

7. Birth date of deceased SEPT 10 1942  
(Month) (Day) (Year)

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

85 10 23 hr. / min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name DAVID BOWMAN

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

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Junior Bowman

(b) Address Bogard Mo

17. (a) Burial (b) Date thereof Aug 5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair Haven, Northch, Mo.

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Bogard Mo

19. (a) 8/4/48 (b) Myrle Caldwell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Bogard  
(If outside city or town limits, write "RURAL")

(d) Street No. -  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1948 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 18 to Aug 3 1948  
that I last saw him alive on Aug 3 1948  
and that death occurred on the date and hour stated above

Immediate cause of death Myrle Caldwell

Due to Carcinoma of Intestines

Other conditions 6  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/6

Of autopsy

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) (b) Means of injury

23. Signature P. Hamilton (Physician, D. or other)

Address Carrollton, Mo. Date signed Aug 4 1948

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-12-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

E. A. Dickerson

Licensed Embalmer No.

2534

P. O. Address

Bogard

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

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