2 3 9	DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State File No.				
823	Registration District No 291 Primary Registration District	ct No. 5993 Registrar's No. 51			
INK—MAKE A PERMANENT RECORD	Registration District No. 1. PLACE OF DEATH: (a) County FUTNAM (b) City or town RURAL MEDICINE TOWNSHIP (c) Name of hospital or institution: (If not in bospital or institution. (Specify whether In this community I 7 YEARS years, months or days) 3. (a) PRINT WILSON JAMES BOWMAN 3. (b) If veteran, 3. (c) Social Security No. 10 4. Sex MALE 0 1 race WHITE 2 divorced MARRIED 6. (c) Age of husband or wife for the social security for the socia	2. USUAL RESIDENCE OF DECEASED: (a) State MISSOURI (b) County PUTNAM (c) City or town RURAL (If outside city or town limits, write "RURAL") (d) Street No. LUCERNE (If rural, give location) (e) Citizen of foreign country? NO (1) If yes, name country MEDICAL CERTIFICATION 20. DATE OF DEATH: Month JULY day I2 year 1948 hour 2 minute. 21. I hereby certify that I attended the deceased from 1977, to 1977	А. м.		
NFADING BLACK	7. Birth date of deceased DECEMBER 22 I872 (Month) Days If less than one day 75 6 20 hr. min. 9. Birthplace KECKUK COUNTY IOWA (City, town, or county) Gista or foreign dountry)	Due to Collesion Due to			
PLAINLY—USE	10. Usual occupation FARMING 11. Industry or business FARMI 12. Name WASHINGTON BOWMAN VIRGINIA / (City, JOINE WARY SISSONS OF foreign country)	Major findings: Of operations.	PHYSICIAN Underline he cause to which death hould be harged sta- istically.		
WRITE	(City, town, or county) 16. (a) Informant. (b) Address 17. (a) FURIAL (b) Date thereof (Mangh) (Dogs) (Year) (c) Place: burial or cremation POWERSVILLE CEMETERY	22. If death was due to external causes, fill in the following: (c) Accident, suicide, or homicide (specify)	(State) blic place?		
	18. (c) Signature of funeral director COMSTOCK FUNERAL HOME (b) Address UNIONVILLE MO. 38 1 La Company 19. (a) 2-7-46 (b) (Registrar's signature) 1/2 / 1/2 (Licensed Embalmes's States)		4) 4) 4) 4) 4)		

DISTRICT WORTH COMOST NO. 10

DISTRICT WORTH COMOST NO. 10

DISTRICT WORTH COMOST NO. 10

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recor	ded on the reverse side of this ce	rtificate was embalmed by me. or by.	
I hereby certify that the body whose name is recor	Casaly	Registered Apprentice No.	76
working under my personal supervision.	8		

under my personal supervision.

Signed James W Comtals

P. O. Address. P. O.

the above constitutes grounds for revocation of license.)

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