No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 1 1948
Registration District No. [illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5015

State File No. 31889
Registrar's No. 278

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural, Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1½ Mi. W. of Amazonia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution [illegible] (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1½ Mi. West of Amazonia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James William Bowman
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 Mary Bowman
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 19 (Day) 1874 (Year)

8. AGE: Years 74 Months 6 Days 29 If less than one day [illegible] hr. [illegible] min.

9. Birthplace Amazonia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

MOTHER FATHER
12. Name John R. Bowman
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Mary Shaeffer
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Mary Bowman
(b) Address R. R. #1, Amazonia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-19-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1948 hour 9 minute [illegible] A.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1948 to Oct. 18, 1948
that I last saw h.im. alive on Oct 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion.	sudden
Due to Arteria sclerosis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? (e) Means of injury

23. Signature Ralph P. Tilley (M. D. or other) Coroner, Andrew Co. Mo.
Address Savannah Mo. Date signed 10-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1916

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.....

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

working under my personal supervision.

Signed..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 214 So 10th, St. Joseph, Mo

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.