

S. No. 2
M-5-43
5-17-39
X36871

State File No. 39816
Registrar's No. 1086

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1948
Registration District No. 288

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community 37 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Myrtle Bowen
(b) If veteran, name war No
(c) Social Security No. 491-12-0519

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harvey Bowen
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. 18 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 25
hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {
12. Name R.F. McGlothlan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lura Jackson
15. Birthplace Hopkins Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bert R. Bowen
(b) Address Council Bluff Iowa

17. (a) Burial (b) Date thereof 12/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-14-48 (b) W.L. Stanley
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1948 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from 1947 19. to 13 December 48
that I last saw her alive on 12-13, 19. 48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arterial hypertension & generalized arteriosclerosis
Due to myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy § 36
PHYSICIAN Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature D.M. Klumpner (M. D. or other M.D.)
Address Date signed

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.....

Walter E Hamelton

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield 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.