

FILED DEC 31 1948

Registration District No. **297**

Primary Registration District No. **6-021**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **RAY**
(b) City or town **rural HARDIN Hope Trone Imp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home north of Hardin**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **most of his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **RAY 89**
(c) City or town **HARDIN**
(If outside city or town limits, write "RURAL")
(d) Street No. **north of HARDIN**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JENNIE TEMPLETON BOWMAN**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

6. (b) Name of husband or wife **JACOB F. BOWMAN**
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **FEB. 15 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **12**
If less than one day hr. min.

9. Birthplace **NEW LONDON - Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **DIWIK**

11. Industry or business

12. Name **ALEXANDER TEMPLETON**

13. Birthplace **imp Penn. PENN.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET WEAVER**

15. Birthplace **unknown Ralls Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary C. Bowman**
(b) Address **Hardin, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 29 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wakonda Cemetery**

18. (a) Signature of funeral director **Kripschild & Borchardt**
(b) Address **Hardin, Mo.**

19. (a) **Dec. 1 1948** (b) **Mald Japason**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** Day **27**
Year **1948** hour **6:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **November 11 th 1948** to **November 26 1948**
that I last saw her alive on **November 26 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration

Due to **Bright's disease** 3 years

Due to **arterio sclerosis** 97

Other conditions **advanced senility**

Major findings: Of operations **No operation**

Of autopsy **No autopsy**

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 **2**

23. Signature **Vivian L. Bittiker** (M. D. or other) **D.O.**
Address **Hardin Mo.** Date signed **11/28/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

12-29-48

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 _____

August Borcharding

Registered Apprentice No. *237*

working under my personal supervision.

Signed _____

John W. Knisschild

Licensed Embalmer No. *2789*

P. O. Address _____

Hardins, 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.