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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 25 1949
Registration District No. 132

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 42463
Registrar's No. 5

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sulum Rest Home 3 months
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State MO (b) County Harrison
(c) City or town Gilman City, MO. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William L. Bowyer

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widow 0
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb (Month) 6 (Day) 1864 (Year)

8. AGE: Years 84 Months 10 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace unknown (City, town, or county) (State or foreign country) 1
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name A. B. Bowyer
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary C. Hinnell
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Dayton Gooding
(b) Address Santa Fe N. Mexico
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Oream cemetery Jamesport MO
18. (a) Signature of funeral director W D Haines
(b) Address Gilman City MO.
19. (a) 1-13-49 (Date received local registrar) (b) Zola Burris (Registrar's signature) 11

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 28
year 1948 hour 7 minute 0 A.M.
21. I hereby certify that I attended the deceased from Sept 5th, 1947, to Dec 27, 1948;
that I last saw him alive on Dec 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ascending myelitis	2 years
Due to	
Due to	8
Other conditions Progressive decubitus legs & sacks. (Include pregnancy within 3 months of death)	4 mo.

Major findings:
Of operations
Of autopsy 357

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature M. Gearhart (M. D. or other) MD
Address Bethany Date signed 1/12/49

(Licensed Embalmer's Statement on Reverse Side)

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 W D Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W D Haines.

Licensed Embalmer No. E42

P. O. Address Gilman City 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.