SIRTH NO. REC. DIST. NO. B2 PRIMARY REG. DIST. NO. 428 Registrar's No. 98	FILED APR	11 1950	THE DIVISION OF HE		TLI	8428
B. COUNTY Henry D. CITY (If counties corporate limits, write RURAL and give township) STAY (is this place) G. A. Years G. A. Years G. CITY (If counties corporate limits, write RURAL and give township) STAY (is this place) G. A. Years G. CITY (If counties corporate limits, write RURAL and give township) STAY (is this place) G. A. Years G. CITY (If counties corporate limits, write RURAL and give township) STAY (is this place) G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. STREET G. CITY (If counties corporate limits, write RURAL and give township) G. CHAST G. CITY (If counties corporate limits, write limits, write RURAL and give township) G. STREET G. CHAST G. CHAST G. CHAST G.	BIRTH NO		ch	PRIMARY REG. DIST.	100. 4218 Registrar's No.	98
D. CITY (If coalde corporate limits, write RURAL and give township) OR Windsor OR Windsor HOSPITAL OR HOS	I. PLACE OF DEA			ii crite	L COUNTY	≜ជំរាញ់ _{ថា}
d. FILL NAME OF (if set in isospital or institution, either street address or location) HOSPITAL NAME OF (if set in isospital or institution, either contents on the property of the property	b. CITY (If outside corp	porate limits, write R	township) STAY (in this place)	ll OR		. h. i
3. NAME OF DECEASED B. (Pirst) D. (Middle) C. (Last) 4. DATE (Month) (Day) C. (DECEASED DOTE) JOHN Thomas BOWEN DEVENUE (Minute Dote) D. (DECEASED CORE) JOHN TO THOMAS BOWEN DEVENUE (Minute Dote) D. (DECEASED CORE) D. (Dec	d. FULL NAME OF (I HOSPITAL OR	f not in hospital or it	nstitution, give street address or location)	d. STREET ADDRESS	· · · · · · ·	0
5. SEX 6. COLOR OR RACE 7. MARRIED, NUDVED PAPER MARRIED, Widdle of BIRTH 9. AGE (to years) of years of control of sortise this was if retired) White 10a. USUAL OCCUPATION (Gree stand of work down during most of sortise this was if retired) White 10a. USUAL OCCUPATION (Gree stand of work down during most of sortise this was if retired) Variety Va	3. NAME OF				4. DATE (Month)	(Day) (Yea
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, NOV. 17, 1866 9. AGE (16. years) 19 cooks 1 trust 9 sees (16. years) 19 cooks 1 trust 18. MOV. 17, 1866 18. MOV. 17, 1		John	Thomas	Rowen		1. 1950
103. USUAL OCCUPATION (Give stand of work choose during most of sortised life, weren if realized to Carpenter Per Heritary (1987) 11. BIRTHPLACE (State or foreign country) 12. CITIZEND (COUNTRY) 13. MOTHER'S MANIE 13. MOTHER'S MANIE 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) 16. SOCIAL SECURITY NO. NOTHER SECURITY NO. NOTHE CALL CERTIFICATION 18. CAUSE OF DEATH Enter only one equisoper in the mode of dring, such a heart fallure, authenia, state the deve cause (a) stating in the underlying course last. 19. DISEASE OR CONDITION 19. DATE OF OPERA. 10. OTHER SIGNIFICANT CONDITIONS 19. DATE OF OPERA. 10. OTHER SIGNIFICANT CONDITIONS 19. DATE OF OPERA. 10. OTHER SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 21. How old injury or complete to the develope or or ordition authing details. 22. ACCIDENT SIGNIFICANT CONDITIONS 22. I hereby certify that I attended the deceased from MILLER AND	5. SEX 6. 0	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years IF UNDER	TEAR OF UNDER A
33. FAMER'S NAME T. L. BOWEN T. L. BOWEN AMIATICA Plank AMIATICA Plank Nellie Douglas Bowen T. L. BOWEN AMIATICA Plank TO INFORMANT'S SIGNATURE OR NAME AMDER TO INFORMANT'S SIGNATURE OR NAME ADD Mrs. J. T. BOWEN: Windsor NAME ADD Mrs. J. T. BOWEN: Windsor NAME ADD Mrs. J. T. BOWEN: Windsor NAME INTERVAL B ONSET AND INTERVAL	10a. USUAL OCCUPATION done during most of working	N (Give kind of work if life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF W
T. L. BOWEN Amanda Plank Nellie Douglas Bowen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You not unknown) (If you get war or dates of service) NON NON MEDICAL CERTIFICATION INTERVAL BE CHERT ONLY OBSERVED AND INTERVAL BE CHERT ON THE CHERT ON THE CHERT OF		-neurreu				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Ulyme, sire was or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDETION NO. Mrs. J. T. BOWEN; Windsor Mo. Mrs. J. T. Bowen; Windsor Mrs. J. Bowen; Windsor Mrs. J. T. Bowen; Windsor		ron		_	Nellie Douglas	Bowen
NO NONE NONE MEDICAL CERTIFICATION 18. CAUSE OF DEATH Enter only one cause per inter only one cause of diving, such as heart failure, actheria, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT 19c. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT 19c. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT 19c. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT 19b. MAJOR FINDINGS OF OPERATION 21c. INJURY OCCURRED WHILE AT NOT WHILE 10c. INJURY OCCURRED WHILE AT NOT WHILE 21c. INJURY OCCURRED WHILE AT NOT WHILE 10c. INJURY OCCURRED WHILE AT NOT WHILE 21c. INJURY OCCURRED WHILE AT NOT WHILE OCCURRED 21c. OCCURRED OCCURR	15. WAS DECEASED EVER	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY			ADDRES
IB. CAUSE OF DEATH Enter only one cause per lime for (a), (b), and (c) Illine for (a), (b), and (c) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (c) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS PART OF OPERAN IPS. MAJOR FINDINGS OF OPERATION IP		yes, give war or dates	0.50.710.7	Mrs. J. T	. Bowen Windso	r. Mo
Enter only one cause per line for (a), (b), and (c) "This does not mean the discount of the mode of dring, such as heart failure, asthenia, etc. It means the discount of the another fair to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discount condition austing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from Mork Ar work			MEDICAL (INTERVAL BETY
This does not mean the mode of ging, such as heart failure, arthenia, etc. It means the discouse, injury, or compiled the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20f. AUTOP. YES 21a. ACCIDENT SUICIDE HOMICIDE 11. OTHER SIGNIFICANT CONDITIONS 21b. PLACE OF INJURY (e.g., in or about both of clated to the disease or condition causing death. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATION OF INJURY 21c. INJURY OCCURRED WORK AT WORK 21d. INJURY 21e. INJURY 21e. INJURY OCCURRED WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21g. I hereby certify that I attended the deceased from WORK AT WORK 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE 22a. BURIAL CREMA- 24b. DATE 22c. NAME OF CEMETERY OR CREMATORY BUILD OAK WINDSON, MISSOURI 22d. Laurel Oak Windsor, Missouri	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	mocor	detio.	
the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20f. AUCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) Soft Industry street, office bidge, etc.) 21d. TIME (Mosth) (Day) (Year) (Hour) An Work AT WORK 22l. I hereby certify that I attended the deceased from Work AT WORK 22l. I hereby certify that I attended the deceased from Most Work AT WORK 22a. SIGNATURE (Degree or title) 23b. ADDRESS 22a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Windsor Missouri DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DOF (COUNTY) (COUNTY) (STAT WORK) (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STAT WORK) (CITY. TOWN OR TOWNSHIP) (COUNTY) (STAT WORK) (CITY. TOWN OR TOWNSHIP) (COUNTY) (STAT WORK) (Day) (Tear) (Hour) AT WORK (CITY. TOWN OR TOWNSHIP) 22d. DATE: (Degree or title) (Day) (Tear) (Abb. DATE (Degree Or CREMATORY) (Day)	*This does not mean			Inn-t		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION ISD. MAJOR FINDINGS OF OPERATION 20. AUTOP	as heart fallure, asthenia, etc. It means the dis-	TIBE TO THE GOODE C	use last.	1		1 . 1 . 1 \ \ \ \ \ \ \ \ \ \ \
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SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 1950, to 2971, 1950, that I last saw the dalive on 1950, and that death occurred at 100m, from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE TION, REMOVAL (Specify) 4-3-50 Laurel Oak Windsor Missouri	19a. DATE OF OPERA- TION	19b, MAJOR FIN	DINGS OF OPERATION			<u> </u>
22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	(STATE)
alive on 197, 195, and that death occurred at 100 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 24d. Windsor, Missouri 24d. Windsor, Missouri	21d. TIME (Month) OF INJURY	(Day) (Year)	WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCURT	
23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Laurel Oak Windsor, Missouri			the deceased from	100 m., from t	he causes and on the date stat	
24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 12d. Laurel Oak Windsor, Missouri			(Degree or title)		dan mo	23c. DATE SIG
	24a. BURIAL, CREMA TION, REMOVAL Operator	24b, DATE	24c. NAME OF CEMETER		•	•
		,, , , , , , , , , , , , , , , , , , ,		15. FUNERAL DIRECT	Durner Wind	LOL M

RECEIVED District Health Officer No. 7, District File Number 3-50-362 Date Filed 4.10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this of	certificate	was embalm	ed by me, o	r by	-
	Student	t Embalmer	No	• •	•••••••

working under my personal supervision.

Student Embalmer

Licensed Embalmer No.

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.