

S. No. 2
M-4-13-40
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 16 1944 - 14
Registration District No. 2-14

Primary Registration District No. 4211

Registrar's No.

12
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Henry
(a) County: Henry
(b) City or town: Windsor
(c) Name of hospital or institution: 506 N. Windsor St.
(d) Length of stay: In hospital or institution: 56 years
In this community: 56 years

3. (a) PRINT FULL NAME: Mrs. Armilda Bowen

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

4. Sex: Fe / 5. Color or race: White 6. (a) Single, widowed, divorced, or married: widowed

6. (b) Name of husband or wife: Robert Lee Bowen 6. (c) Age of husband or wife if alive: 19 years

7. Birth date of deceased: May 19 1867

8. AGE: Years 74, Months 6, Days 27, If less than one day: hr. min.

9. Birthplace: unknown, Kentucky

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER { 12. Name: Benjamin L. Ishmael
13. Birthplace: unknown, unknown
14. Maiden name: Mary A. Mann
15. Birthplace: unknown, unknown

16. (a) Informant: Jesse Bowen
(b) Address: Windsor, Missouri

17. (a) Burial (b) Date thereof: 12-18-41
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Missouri

19. (a) Dec. 24/42 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Windsor
(d) Street No.: 506 N. Windsor
(e) If foreign born, how long in U. S. A.?: 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: December, day: 16, year: 1941, hour: 12:55 a.m., minute: M.

21. I hereby certify that I attended the deceased from April 26, 1941, to Aug 15, 1941; that I last saw her alive on Dec 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hyperphagic Carcinoma of Esophagus
Due to: Cholangitis

Other conditions: 12481
Major findings: Of operations: none
Of autopsy: none

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?:
(d) Did injury occur in or about home, on farm, in industrial place, in public place?:

23. Signature: T.A. Blackmore (M. D. or other) M.D.
Address: Windsor, Mo. Date signed: 12-17-41

7
RECEIVED

District Health Officer No. 7,

District File Number 1-42-47

Date Filed 2-10-42

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 Edell Huston

Licensed Embalmer No. 3391

P. O. Address Union, 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.