

S. No. 2
OM-5-43
Ev. 5-17-39
I X36671

FILED AUG 14 1947

Registration District No. **177** Primary Registration District No. **4218**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
614 E. Florence, Henry Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

In this community **65 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")

(d) Street No. **508 N. Windsor**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Albert S. Bowen**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 26 18 71**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	5	hr. _____ min.

9. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

MOTHER FATHER

11. Industry or business _____

12. Name **Timothy L. Bowen**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda Plank**

15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fern Roberts**
(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **8-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

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

19. (a) **8-4-47** (b) **R. B. Kennedy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** Day **1** Year **1947** hour **4** minute **8** M.

21. I hereby certify that I attended the deceased from **July 27-47** to **Aug 3 1947**
that I last saw him alive on **Aug 3** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**

Due to **Edema**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

92 E

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 _____

23. Signature **John Windsor** (M. D. or other) **100**
Address **Windsor Mo** Date signed **8-2-47**

Date Filed 8-13-47
District No. 7-47-988
District Office No. 7
RECEIVED

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.....

William D. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed E. W. Kerton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.