

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 109

Primary Registration District No. 4218

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 Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 days
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Windsor
(If outside city or town limits, write "RURAL") 2
(d) Street No. 408 N. Main
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John William Bowen
3. (b) If veteran, name war World War I 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1948 hour 12 minute 06 a. M.

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 March 25 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1947, 19....., to May 16 1948
that I last saw him live on May 16 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 1 18 hr. min

Immediate cause of death
cause of pain

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

Duration
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name John Bowen

13. Birthplace Durham England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Thompson

15. Birthplace Choppington England
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Bowen

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-18-48
(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, Mo.

19. (a) 5-20-48 (b) R. R. Kinney
(Date received local registrar) (Registrar's signature)

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.....

23. Signature H. J. Kinney (M. D. or other)
Address Windsor MO Date signed 5/17/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 4-48-561

Date Filed 5-24-88

JUN 24 1948

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 M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed

Edwin H. Huston

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.