

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15722
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francis Registration District No. 773
(b) Township Farmington Primary Registration District No. 4464
(c) City Farmington (d) Street No. _____ Registered No. 54
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME BENJAMIN FRANKLIN BOWYER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Hutchins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as saw mill, bank, etc. Printer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo.

13. NAME Geo. H. Bowyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Henrietta Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Robert Nelson Bowyer Farmington

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington DATE April 22 1938

19. FUNERAL DIRECTOR (ADDRESS) Farmington Ind Co Farmington Mo.

20. FILED Apr 20 1938 J. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 20, 1938
I last saw him alive on April 20, 1938 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

Inferior Pneumonia

932

Date of onset 4-14-38

Other contributory causes of importance:

Myocarditis

1938

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Geo. L. Watkins, M. D.

699 (Address) Farmington Mo.

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by C. H. Cozear, Registered Apprentice No. 8-1-71
working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

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.)