No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31413

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 965

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1415½ Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 30 or 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1415½ Main (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Delilah Bowman

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Bowman

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 12 (Month) 27 (Day) 1880 (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name John Crutchfield

13. Birthplace Nashville, (City, town, or county) Tenn. (State or foreign country)

MOTHER

14. Maiden name Anna Quarles

15. Birthplace Middleton, (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Emma Wise

(b) Address 776 6th, St., Oakland, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9---5--'40 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland.

18. (a) Signature of funeral director Graves Funeral Home.

(b) Address 806 S. 17th, St.

19. (a) Sept 5 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 24, 1940 to Sept 2nd, 1940; that I last saw her alive on Sept. 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation — Duration Dont know

Due to Dont know

Due to

Other conditions Chronic Parenchymatous Nephritis — Dont know

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. D. Sexton (M. D. or other) MD

Address 345 So 16th St. Joseph Mo. Date signed 9-5-1940

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No. 948

working under my personal supervision.

Signed A. S. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.