

FILLED NOV 18 1941

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **29K**

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hannibal**  
(c) Name of hospital or institution: **St. Elizabeth Hospital**  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**  
(c) City or town **Hannibal**  
(d) Street No. **822 Vermont St.**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Joseph T Bowman**

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 **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **March 26 1887**

8. AGE:

Years **54** Months **7** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

(City, town, or county) **Ill** (State or foreign country)

10. Usual occupation **Teamster**

\_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Albert Bowman**

13. Birthplace **Germany**

(City, town, or county) **Germany** (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace \_\_\_\_\_

(City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant **Frank Bowman**

(b) Address **Springfield Ill**

17. (a) **Burial** (b) Date thereof **11 2 41**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olivet Cemetery**

18. (a) Signature of funeral director **James M. ...**

(b) Address **Hannibal Mo**

19. **Nov 5 1941** (b) **W. ...**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31** year **1941** hour **3:15 A.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Oct 26** 1941 to **Oct 31** 1941; that I last saw him alive on **Oct 31** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Decompensation** **3 days**  
**Branches bronchovascular** **2 days**

Due to \_\_\_\_\_  
Due to **107**

Other conditions: **Chronic sclerotic Heart** **10 yrs**

Major findings: **Dissecting Aortic Aneurysm**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Harry L. Brun** (M. D. or other) \_\_\_\_\_  
Address **100 N. ...** Date signed **11/2/41**

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

CF  
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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.....

*Michael J. McDonnell*

Licensed Embalmer No. 3244

P. O. Address Hannibal 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.**