

Registration District No. 291848

Primary Registration District No. 4549

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mt. Home, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mt. Home  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2/9 1941 to 10/2 1941; that I last saw her alive on 10/2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: metritis  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury 0  
23. Signature R. A. Ryan (M. D. or other) \_\_\_\_\_  
Address Mt. Home Date signed 10-4-41

3. (a) PRINT FULL NAME VENNALEE BOWEN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband Clarence Bowen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 22 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

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

12. Name William Stuart  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Louise Strong  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Bowen  
(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Lone Star Cemetery

18. (a) Signature of funeral director George Stoff  
(b) Address Mt. Home

19. (a) 10-29-41 (Date received local registrar) (b) Berrie Montgomery (Registrar's signature)

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

14

NOV 24 1941

RECEIVED

District Health Officer No. 6, 1941

District File Number 1141-1751

Date Filed NOV 17 1941

*Handwritten notes*

VENUE OF JOHANNES

*Handwritten notes*

*Handwritten notes*

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 *George Steffe*

Licensed Embalmer No. 3161

P.O. Address *11th Street*

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.