

Registration District No. 89 Primary Registration District No. 3007

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler City

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Earley (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patsy Ruth 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 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name William Ret Bowen

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

14. Maiden name Mattie Helen Pierce

15. Birthplace Pineola Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Louise Bowen

(b) Address 325 7th Ave N Nashville, Tenn

17. (a) Burial (b) Date thereof May 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunrise Cemetery

18. (a) Signature of funeral director Landess Funeral

(b) Address Campbell, Mo.

19. (a) 1-31-42 (b) Billy Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 2-22 1942 to 2-29 1942
that I last saw him alive on 2-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 15 days

Due to louse infection

Due to 240

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 Thos. DeWitt (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 1-30-42

RECEIVED

District Health Office No. 2,

District File Number 242-216

Date Filed 2-11-42

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.....

Licensed Embalmer No.....

P.O. Address.....

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.