

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11532

APR 26 1942

Registration District No. 1899

Primary Registration District No. 5868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemscot  
(b) City or town Wardell, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FAIRBANKS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemscot  
(c) City or town Wardell, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Maniel H. Bowman

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

4. Sex M. 5. Color of race W. 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar. 4 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer.

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature J. J. Moore

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 3/16/42  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director Delbert F. Moore

(b) Address Portageville, Mo.

19. (a) 4-12-42 (b) J. J. Creary  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 5, year 1942 hour 6; minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound in head, inflicted by himself Duration \_\_\_\_\_  
Due to Congestive failure  
Due to Heart

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 164e  
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) Suicide.

(b) Date of occurrence May 5 1942

(c) Where did injury occur? Wardell, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home.

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

23. Signature J. J. Moore (M.D., or D.D.S.)

Address Wardell, Mo. Date signed 3/16/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39  
1 x1651

APR 20 1942

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.....

*Noel C. Dixon*

Registered Apprentice No.....

working under my personal supervision.

Signed

*Noel C. Dixon*

Licensed Embalmer No. *3941*

P. O. Address *Portageville*

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, above space should be left blank.