V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18567

State File No.

Registration District No. 28-06 607 Primary Registration District No. 43-6-15806 Registrar's No. 7

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

72
0
0

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town RURAL [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: V V / V
(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 MO (b) County NEW MADRID

(c) City or town BOX 94 CONRAD
(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.? 0 years.

72
0
0

3. (a) PRINT FULL NAME MATTIE BOWEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife JOHN W BOWEN

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

7. Birth date of deceased MARCH (Month) 5 (Day) 1860 (Year)

8. AGE: Years 82 Months 1 Days 27 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) 4 UNKNOWN (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name UNKNOWN 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 0 (State or foreign country)

16. (a) Informant Garland Stricklin
(b) Address BOX 94 Conrad, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Old Enon Savannah, Tenn

18. (a) Signature of funeral director Chas Helford F. D.
(b) Address Savannah Tenn.

19. (a) May 3 1942 (Date received local registrar) (b) Edith Largent (Registrar's signature)

1:01

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1942 hour 10:30 minute P. M.

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

Immediate cause of death Old age by all records No medical attended

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

162

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 Leo Hedgepeth Deputy Coroner. (M. D. or other)
Address New Madrid, Mo Date signed May 2-1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 5-42-5-85-
Date Filed 5-13-42

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, above space should be left blank.