

Registration District No. 58

Primary Registration District No. 4088

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Ellsinore
(If outside city or town limits, write "RUHAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
(c) City or town Ellsinore
(If outside city or town limits, write "RUHAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1943 hour 11:30 minute..... P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h. alive on 9-6-43, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Congenital Heart Disease
(Blue Baby). Duration
12 Hrs.

Due to.....
Due to..... 1572
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 Frank S. Rucinski (M. D. or other) P.O.
Address Van Buren, Mo Date signed 9-15-43

3. (a) PRINT FULL NAME Shirley Jean Bowman

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 Single

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

7. Birth date of deceased September 6, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Willard A. Bowman

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

14. Maiden name Freda Lorean Cotton

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

16. (a) Informant Willard Bowman

(b) Address Ellsinore, Mo.

17. (a) Burial (b) Date thereof Sept. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellsinore Cemetery

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Mo.

19. (a) Sept 7-43 (b) ms Ag Smith
(Date received local registrar) (Registrar's signature)

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

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.....

..... Not embalmed, 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.