

FILED NOV 5 1943

State File No.

Registration District No. 167

Primary Registration District No. 5266

Registrar's No. 47

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Sparta Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Shady Grove
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Sparta Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis A. Bowd
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 9
year 1943 hour 11 minute 10 P.M.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased Nov. 8 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 13, 1943, to Sept. 9, 1943 that I last saw her alive on Sept. 19, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death Hemorrhage of bowels
Duration 2 weeks

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

Due to Cancer of stomach and bowels 6 mo.
Due to _____

10. Usual occupation House Keeper
11. Industry or business _____
12. Name Jim Johnson
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: H&P
Of operations _____
Of autopsy _____

MOTHER FATHER {
14. Maiden name Marguerite Hidyath
15. Birthplace Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Alice Robertson
(b) Address Sparta Mo. R.R.
17. (a) Burial (b) Date thereof Sept. 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shigman Cemetery
18. (a) Signature of funeral director G. B. Chappin
(b) Address Clark Mo
19. (a) 11-4-1943 (b) Mrs S. M. Johnson
(Date received local registrar) (Registrar's signature)

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)
(a) Means of injury Auto Acc
23. Signature Warren H. Wilson (M. D. or other) 5460
Address Sparta, Mo. Date signed 11-2-43

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.....

T. B. Chaffin

Licensed Embalmer No.....

2192

P. O. Address.....

Clark M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.