No. 2
—2-43
-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42976

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 392

4
3
4

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64
(a) State Missouri (b) County Marion
(c) City or town Rural - R.R. #1
(If outside city or town limits, write "RURAL")
(d) Street No. 3209 James Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Leslie Bowman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kittie Bowman
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 10 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 11 If less than one day — hr. — min.

9. Birthplace Harrisburg (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
FATHER
12. Name Cyrus Bowman
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Lucinda Wharton
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Kittie Bowman
(b) Address R.R. #1 Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Bdway., Hannibal, Mo.
19. (a) 12-28-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1943 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec. 17, 1943, to Dec. 21, 1943
that I last saw him alive on Dec 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage also	4 days
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

93d

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A B Blue (M. D. or other)
Address Hannibal Mo. Date signed 12-24-43

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 100 Rdway., Hannibal, Mo

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.