

S. No. 2
M-5-42
5-17-39
X32873

FILED APR 17 1944
Registration District No. 12 044

Primary Registration District No. 5738

Registrar's No.

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural Lallata Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 68 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sidney Lewis Bowen

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 9 a.m. minute 00 M.

21. I hereby certify that I attended the deceased from March 14, 1944 to March 19, 1944
that I last saw him alive on March 19, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Julia Bowen

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 21 - 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Embolus Coronary artery.

Due to Pernicious anemia

Other conditions Pernicious anemia
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

69 7 28 hr. min.

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

10. Usual occupation Truck Dealer

11. Industry or business

MOTHER FATHER

12. Name Sidney S. Bowen

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

14. Maiden name Nancy Wilgus

15. Birthplace South Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 9 & a

Of autopsy

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

16. (a) Informant Julia Bowen

(b) Address Lallata Mo

17. (a) Rural (b) Date thereof 3-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newberry

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? _____

18. (a) Signature of funeral director D. S. Christie

(b) Address Lallata Mo

19. (a) 3-21-44 (b) Annie Leuch
(Date received local registrar) (Registrar's signature)

23. Signature H. O. Newton (M. D. or other)
Address Lallata Mo Date signed 3/20/44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.