

FILED SEP 30 1946

Registration District No. 382

Primary Registration District No. 4228

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Glasgow
(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 _____ (Specify whether)
In this community 72 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21
(c) City or town Glasgow "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. North of Glasgow 1/4 mile
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oscar Floyd Bowser

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

7. Birth date of deceased November 10 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation River work

11. Industry or business Construction

12. Name John Henry Bowser

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

14. Maiden name Charity E. Woodard

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

16. (a) Informant Mrs. Lee Spar

(b) Address Glasgow, Mo.

17. (a) Burial (b) Date thereof Aug 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Andley - Fremont

(b) Address Glasgow Mo.

19. (a) 9/12/46 (b) Joe King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 1942 19____ to Aug 15 1946
that I last saw him alive on Aug 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Septicemia

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

Major findings: G3A
Of operations _____
Of autopsy _____

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 21

23. Signature Oscar Bowser (M. D. or other) Doc
Address Glasgow, Mo. Date signed Aug 18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

127

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-28-46

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 Edwin J. Minors

Licensed Embalmer No. 39-78

P. O. Address Glasgow, 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.