

Registration District No. 36 Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Egypt Twp. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D.#1 Norborne, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Ninety Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll /17
 (c) City or town Norborne, Mo. R.R.#1 Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Virginia Francis Meyers
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased Sept. 27th 1856
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
91 0 24 hr. min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October 22nd day
 year 1947 hour 2 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Coroner Call, 19____, to _____, 19____,
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide. Duration _____
 Due to Drowning in Tank, leaving a note
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework
 11. Industry or business _____
 MOTHER FATHER { 12. Name David Bengeman Bowman
 { 13. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)
 { 14. Maiden name Virginia Bowman
 { 15. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ida A. Leakey
 (b) Address Norborne Mo.
 17. (a) Burial (b) Date thereof 10-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wakenda Cem. Ray County.
 18. (a) Signature of funeral director John B. Dutch
 (b) Address Norborne, Mo.
 19. (a) 10-23-1947 (b) Eileen Pennington
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) XXX XXXXX Suicide
(Accident, suicide, or homicide (specify))
 (b) Date of occurrence 10-22-1947
 (c) Where did injury occur? Egypt Twp, Carroll Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Charles Ruth (M.D. or other) Coroner
 Address Norborne Mo. Date signed 10-22-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-14-47

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 Me.

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

Signed _____

John G. Ditch

Licensed Embalmer No. 3654

P. O. Address No. bone 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.