S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 79

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 12

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Cassville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Columbia Bowen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam Bowen
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 29 (Month) 1884 (Day) (Year)

8. AGE: Years 63 Months 9 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation housewife.
11. Industry or business
FATHER 12. Name Vince Neeley
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1
MOTHER 14. Maiden name Mary Ellen Fair
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant John Howard
(b) Address Cassville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Horner Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Jan 26-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1947, to Jan. 4, 1948; that I last saw her alive on Jan. 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: 7 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 0
Of autopsy

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 E. E. McDaniel (M. D. or Coroner)
Address Cassville, Mo. Date signed 1/8/48

(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 Paul D. Hurbert, Registered Apprentice No. 54, working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.