

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

734

State File No. _____

FILED FEB 16 1948

Registration District No. 120

Primary Registration District No. 5445

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Bogle Township #38
(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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 3
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Margaret Bowman

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Samuel Bowman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1 1850
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 20, 1948, to Jan. 30, 1948
that I last saw him alive on Jan. 20, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 3720

8. AGE: Years Months Days If less than one day
97 3 30 hr. _____ min.

9. Birthplace Unk. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Charles Claybaugh
13. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Moore
15. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Bowman
(b) Address Gentry, Mo. R. F. D.

17. (a) Burial (b) Date thereof 2-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Friendship

18. (a) Signature of funeral director W. H. Brooks
(b) Address Albany, Mo.

Feb 6 - 1948 (b) Howard N. Webster
(Date received local registrar) (Registrar's signature) 173

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 91P
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? _____

While at work? (Specify type of place) _____
(c) Means of injury 22

23. Signature C. J. Pray (M. D. or other) _____
Address Albany, Mo. Date signed 2-2-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Calvin Brooks*
Licensed Embalmer No. 3329
P. O. Address Albany, 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, above space should be left blank.