No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 28 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

State File No. 2174
Registrar's No. 11

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(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
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. ..... /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Mary Della Bowyer
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex f /
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Frank Bowyer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. 27 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace near Bonne Terre Missouri /
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Rickard Hutchings /
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Charlotte Patterson
15. Birthplace Memphis, Tenn /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert Jones
(b) Address Mount Pleasant, Iowa
17. (a) b (b) Date thereof 1-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation k. Of P.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 1-18-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1948 hour 8 minute 50 a.m.

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Jan 16, 1948; that I last saw h. 22 alive on Jan 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy.	2 da.
Due to: Cerebral Arterial Sclerosis	4 years
Due to: Hypertension (Arterial)	6 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 0

23. Signature Geo. L. Watkins (M. D. or other)
Address Farmington Mo. Date signed 1-18-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 148-130

1-27-48

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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

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.