

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22799

FILED AUG 6 1948

Registration District No. 288

Primary Registration District No. 54652000

Registrar's No. 608

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Reilly VA Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 5 days  
years, months or days)

3. (a) PRINT FULL NAME Henry R. Bowen  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married; divorced Married  
6. (b) Name of husband or wife Bonnie Bowen  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased: April 15 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 8  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name David Bowen  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Wilson  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant VA Records  
(b) Address Springfield, Mo.

17. (a) Funeral (b) Date thereof July 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.  
18. (a) Signature of funeral director Paul L. Eisele  
(b) Address Springfield, Mo.

19. (a) VA Hospital (b) W. H. Handley, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Hickory  
(c) City or town Pittsburg (Rural)  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 18, 1948 to July 22, 1948;  
that I last saw him alive on July 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma, Chronic Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 112  
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? Yes

While at work? Paul L. Eisele Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature PAUL L. EISELE (M. D. or other) \_\_\_\_\_  
Address O'Reilly VA Hospital Date signed 7-22-48

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

AUG 6 1948

**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 *Howard B. Carver*

Licensed Embalmer No. *2092*

P. O. Address *Phillips, 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.**