No. 300
-10-47
-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36063

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital D
(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 25 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Smith Mo. 4
(If outside city or town limits, write "RURAL")

(d) Street No. Gen. Del. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ligie Lewis Bowman

3. (b) If veteran, name war None

3. (c) Social Security No. 496-20-7400

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora J. Bowman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 29 (Day) 1884 (Year)

8. AGE: Years 64 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Frank Bowman
13. Birthplace Henderson Co. Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Bradfield
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Goodrich
(b) Address Smith Mo. Rural # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation McGrew Cem.

18. (a) Signature of funeral director Lindsey Co
(b) Address Kennett Mo.

19. (a) 11-18-1948 (Date received local registrar) (b) Carl Husband (Registrar's signature) GA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1948 hour 10:00 minute 45 A M.

21. I hereby certify that I attended the deceased from 11-13, 1948, to 11-18, 1948;
that I last saw him alive on 11-18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myo. Cardiac heart disease	
Due to: Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 L. C. Wilson (M. D. or other)

Address Kennett Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

11-18-48

RECEIVED
District Health Office No. 2
District File Number 1148-153
Date Filed 11-22-48

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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.