

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **107**

Primary Registration District No. **3019**

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
Brunell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

(d) Street No. Lin. 2nd
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lige Lewis Bowman

3. (b) If veteran, name war None

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

MEDICAL CERTIFICATION

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

4. Sex M 5. Color or race W

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

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

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

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

Immediate cause of death Myocardial heart disease

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: 13

Of operations _____

Of autopsy _____

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 _____

12. Name Frank Bowman

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

14. Maiden name Olga Bradford

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Goodrich

(b) Address Smith Mo. Remitt #2

17. (a) Burial (b) Date thereof 11-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGraw Green

18. (a) Signature of funeral director Smith and Co

(b) Address Remitt Mo.

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

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)
(e) Means of injury ○

23. Signature L. C. Wilson (M. D. or other) _____
Address Remitt Mo Date signed _____

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

MOTHER FATHER

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 *Hennett 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.