BOWMAN, STUART P.	~ 151 ₁ 192	
PLACE OF NATIVITY Cincinnati. C	hio	
	or. Cincinnati, Ohio 45224	
	Hospital, Cincinnati, Ohio	
DATE OF BIRTH December 17, 190		
DATE OF DECEASE May 23, 1965		
DATE OF THE WEST WEST OF STATE OF THE STATE	26. 1965 11:30	
DISEASE		
PARENTS NAME James C. Bowman	Ethel Pierson	
LOT OWNER MEMORIAL MAUSOLEUM	E/ E-109 H EF- 3 GRAVE	
TYPE AND SIZE OF GRAVE		
FUNERAL DIRECTOR Chas. A. Miller	Sons	
PERMIT OBTAINED BY " & Wife. SAME	address	
XXXX MARRIEDXXXXXXXXXXX HUSBAND XXXXX OF	Marthe Brennan	
WHAT RELATION TO LOT OWNER		
DATE OF DEPOSIT IN PUBLIC VAULT	GRAVE \$ 95.00 RES. GRAVE \$	
PUBLIC VAULT PERMIT S	GRASS LINING \$ CHAPEL \$	
PUBLIC VAULT RENT \$	TENT \$ STONE \$	
REMOVED FROM		

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