

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6149
Do not use this space.

DECD MAR 16 1939

1. PLACE OF DEATH

(a) County Carroll ² Registration District No. 138
 (b) Township Egypt ¹ Primary Registration District No. 3196 Registered No. 1
 (c) City Norborne (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Wesley Bowles
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Bowles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 94 4 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Jan 25, 1939 11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William J Bowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Kentucky

MOTHER 15. MAIDEN NAME Nancy Melvina Hammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Kentucky

17. INFORMANT (ADDRESS) Mrs Emmett Parrish Norborne Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairhaven DATE Feb. 12 1939

19. FUNERAL DIRECTOR (ADDRESS) W. T. Stroud Norborne Mo.

20. FILED Feb. 10 1939 B. P. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1939, to Feb. 9 1939.
 I last saw him alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Asthma Date of onset 2-9-39
Myocardial failure
950
 Other contributory causes of importance:
Circulatory failure 2-1-39
Bronchial Pneumonia 2-7-39

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Eugene T. Galen, M. D.
138 (Address) Norborne Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/13/39

STATEMENT BY LICENSED EMBALMER

I, John P. Stroud, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by
working under my personal supervision.

Signed John P. Stroud
Registered Apprentice No.
Licensed Embalmer No. 2406

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.)