

AUG 16 1940 51

State File No.

Registration District No.

Primary Registration District No. 5744

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 78 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME William Perkins Bowles 420

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased June 21 1861  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Palmyra Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Deputy Co. Assessor

11. Industry or business

12. Name John T. Bowles

13. Birthplace Marion County Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Ralls

15. Birthplace Marion County Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Hobbs Booth

(b) Address Emerson, Mo.

17. (a) Burial, Mo. (b) Date thereof 6/8/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerson, Mo.

18. (a) Signature of funeral director Louis Brad

(b) Address Palmyra, Mo.

19. (a) 6 15 '40 (b) J M Crebs  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Emerson  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 6  
 year 1940 Hour 3:45 minute am M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Self Inflicted  
By shooting self in  
fore head with 22 Rlf

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

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 6-6-40

(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? 491

(e) Means of injury Farm

28. Signature James Daniel Corwin (M.D. or other)

Address Palmyra Mo Date signed \_\_\_\_\_

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**