

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.

FILED OCT 12 1940

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township Rockford
City Kingston (No. _____)

Registration District No. 99
Primary Registration District No. 3-177

File No. 31549
Registered No. 9

2. FULL NAME

Stephen Earl Bowling
(a) Residence, No. Kingston Mos. Rural St., Rural Ward.

Length of residence in city or town where death occurred 11 yrs. < mos. < ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Bowling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>9</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Missouri

FATHER 13. NAME Benjamin Franklin Bowling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Ky

MOTHER 15. MAIDEN NAME Nora Heiner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartville Mo

17. INFORMANT (ADDRESS) Mae Bowling Kingston Mo. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville, Mo DATE Aug 7 1940

19. UNDERTAKER (ADDRESS) Cramer Clark Kingston Missouri

20. FILED Aug 30, 1940 Mrs W. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 P.

The principal cause of death and related causes of importance were as follows:

Struck by Lightning

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Aug 3, 1940

Where did injury occur? At home - 2 mi. W. of Stewartville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by Lightning
Nature of injury Shock & Burn

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) L. M. Delay (Coroner) M. D.
(Address) Hamilton, Caldwell Co. Mo.

I hereby Certify that the Body whose Name is recorded
on the reverse side of this Certificate was embalmed by
me - Signed - Branner Clark

Licensed Embalmer - 3257

P.O. address - Kingston M.O