

STANDARD CERTIFICATE OF DEATH

State File No. 33292

Registration District No. 270

Primary Registration District No. 6091

Registrar's No. 28

**FILED** OCT 23 1940

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina Mo 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 2  
In this community 50 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Eugene Davis Bowling

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 31st 1862 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 28 hr. min.

9. Birthplace Monroe Co M Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Travis MaGruder  
13. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Weatherford  
15. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Bowling  
(b) Address Shelbina Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30th 40 (Month) (Day) (Year)  
(c) Place: burial or cremation Oakridge, Monroe Co Mo

18. (a) Signature of funeral director Million & Barkeley  
(b) Address Shelbina Mo

19. (a) Sept 10-40 (Date received local registrar) (b) Ruth Jayner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina Rural (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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1940 hour 1:30 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 28, 1940, to Aug 29, 1940; that I last saw him alive on Aug 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 3 days

Due to hypertension 2 yrs

Due to MI  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) While at work? (e) Means of injury 3  
23. Signature R. L. Baldwin (M. D. or other) DO  
Address Shelbina, Mo. Date signed Aug 30

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

2

RECEIVED

District Health Officer No. 10

District File Number 10-40-1899

Date Filed OCT 9 1940

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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 Henry A. Parkes

Licensed Embalmer No. 3835

P. O. Address Shelburne, Md

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.