

Registration District No. 464

Primary Registration District No. 5637

Registrar's No. 3

400

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

1. PLACE OF DEATH:
 Lafayette
 (a) County Lafayette
 (b) City or town Shiloh 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 _____ (Specify whether)
 In this community 40 Yrs. _____ (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles SW of Odessa
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James E. Bowlin
 (b) If veteran, name war _____ (c) Social Security No. non

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

6. (b) Name of husband or wife Minnie Lee Bowlin 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 8, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Bowlin

13. Birthplace Jackson Co., Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Graham

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant John Bowlin
 (b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Feb. 1, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem. Odessa
 (d) Signature of funeral director R. E. Husman
 (b) Address Odessa, Mo.

19. (a) 1/30/41 (b) Wm E. M. Gordon
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 30
 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 24, 1941, to Jan 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Attack
Coronary occlusion
Influenza
 Other conditions (Include pregnancy within 3 months of death) 4th

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? 416 (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) D
 Address Odessa Mo Date signed 1/30/41

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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 George T. Heisman
Licensed Embalmer No. 7541
P. O. Address Oliver, Ind

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.