

FILED FEB 17 1941

Registration District No. 490

Primary Registration District No. 5657

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Siles Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether in this community _____ years, months or days) all his life!

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln

(c) City or town Siles Mo. (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Rural

(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME Edward T. Bowles

3. (b) If veteran, no name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 24 1941, to Jan 25 1941, that I last saw him alive on January 25 1941, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June - 10 - 1923
(Month) (Day) (Year)

Immediate cause of death: Broncho-Pneumonia 3 days

Duration _____

8. AGE: Years 17 Months 7 Days 14 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Invalid

Other conditions Pseudo-Muscular Hypertrophy, since he (Include pregnancy within 3 months of death)

Major findings: Of operations and 5 years old.

11. Industry or business _____

12. Name Theodore C. Bowles

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

14. Maiden name Mary A. Drocklee

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy No.

16. (a) Informant T. C. Bowles

(b) Address Siles Mo.

17. (a) Burial (b) Date thereof 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood Cemetery

18. (a) Signature of funeral director Dr. R. Edmund

(b) Address Siles Mo.

19. (a) 1-26-1941 (b) C. H. Anderson
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature O. H. Danson (M. D. or _____)

Address Siles Mo. Date signed 1-27-41

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 W. R. Wammund

Licensed Embalmer No. 2251

P. O. Address Silet, Mo.

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.