

FILED APR 20 1942

Registration District No. 347

Primary Registration District No. 3029

State File No. _____

Registrar's No. 8786

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

1. PLACE OF DEATH:

(a) County. Marion
(b) City or town. Hannibal City
(c) Name of hospital or institution: Residence 2519 Chestnut
(d) Length of stay: In hospital or institution. 1
In this community. _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Marion 064
(c) City or town. Hannibal 3
(d) Street No. 2519 Chestnut (If rural, give location) 7
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Minnie Myrtle Bowles

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Wm. H. Bowles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14, 1877 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 20 hr. min.

9. Birthplace. New London, Ralls County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Grisham
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ida Mae Lashbrook
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry C. Hubbard
(b) Address 2519 Chestnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/12 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley New London

18. (a) Signature of funeral director. _____
(b) Address 902 Broadway Hannibal
19. (a) April 17, 1942 (Date received local registrar) (b) Robt. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1912 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 30 1942 to April 4 1942 that I last saw her alive on Apr. 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage 24 hrs.

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) f 3 a

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____ 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? _____
While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature C. E. Balger (M. D. or other) Address Hannibal MO Date signed 4/16

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 *James A. Moles*

Licensed Embalmer No..... 3296

P. O. Address..... Hannibal Missouri.....

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, fact should be so stated above.