

FILED JUN 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5746

1300  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Caldwell  
 (a) County Caldwell  
 (b) City or town Polo - Grant Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Wm M. Bowler  
 3. (b) If veteran, name war L  
 3. (c) Social Security No. L

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Nancy Bowler  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased Sept 20 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Conners mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Stephen M. Bowler  
 13. Birthplace mo 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Francis L. Kimbrough  
 15. Birthplace mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ess Stone  
 (b) Address Kfadder mo

17. (a) Burial (b) Date thereof 6-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lawson mo

18. (a) Signature of funeral director Alspaugh Lowrey  
 (b) Address Polo mo

19. (a) 6-6-42 (b) ma Vivian Erdoguet  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Caldwell  
 (c) City or town Polo - Rural  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
 year 1942 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on Dead \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide - by hanging with rope in his barn on his farm

Due to Strangulation and broken neck

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy Ocular & Palpation

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Polo - Rural Caldwell mo.  
(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 \_\_\_\_\_

23. Signature E A Thompson coroner (M. D. number) 3  
 Address Breckinridge Mo Date signed 6-1-1942

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

SEP 25 1945

*Handwritten notes:*  
1892  
11  
1892

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

*Signature: Deane G. Allspaugh*

Licensed Embalmer No. 2908

P.O. Address

*Polk 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, fact should be so stated above.