

V. S. No. 2
FORM-8-43
Rev. 5-17-39

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88953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 12 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
1317 E. Normal
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Most of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 1317 E. Normal
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Laura E. Bowling

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1944 hour 2:30 minute A: M.

21. I hereby certify that I attended the deceased from Jan
1939, to July 29, 1944
that I last saw her alive on July 29, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Bowling

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 5 1880
(Month) (Day) (Year)

Immediate cause of death Cancer of the brain

Duration _____

8. AGE: Years Months Days If less than one day

63 11 25 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Davis Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

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11. Industry or business _____

12. Name William S. Severs

13. Birthplace Moulton, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barnes

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

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? _____

16. (a) Informant Bernice Bowling

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 8/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cemetery

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

23. Signature R. R. Ellis (M. D. _____)
Address Kirkville, Mo. Date signed 8-1-1944

18. (a) Signature of funeral director B. E. Riley

(b) Address Kirkville, Mo.

19. (a) 8-4-44 (b) Mrs. J. L. Wayne
(Date received local registrar) (Registrar's signature)

1044 (Licensed Embalmer's Statement on Reverse Side)

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

3

8-8-44

20

AUG 9 1944

8-44-1341

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 B. E. Riley
Licensed Embalmer No. 4181
P. O. Address Hicksville

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.