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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1948
Registration District No. **128**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **2000**

State File No. **5212**
Registrar's No. **136**

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2
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4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **O'Reilly General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **1 day** years, months or days)

3. (a) PRINT FULL NAME **JAMES BERNARD BOWLES**
3. (b) If veteran, name war **WORLD WAR II** 3. (c) Social Security No. **235-28-2154**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **September 17 1922**
(Month) (Day) (Year)

8. AGE: Years **23** Months **4** Days **21** If less than one day
hr. min.

9. Birthplace **Seth West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Weather observer**
Army

11. Industry or business

12. Name **William Paul Bowles**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Discharge Certificate found with belongings of deceased**
(b) Address **Removal**

17. (a) **Removal** (b) Date thereof **Feb. 10-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Madison, West Va.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **532 1/2 S. 1st Street, Springfield, Missouri**

19. (a) **2-9-46** (b) **S. W. Hardley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **West Virginia** (b) County **Boone**
(c) City or town **Williams Mountain**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **7**
year **1946** hour **7** minute **15** A. M.

21. I hereby certify that I attended the deceased from **6 February 1946** to **7 February 1946**
that I last saw him alive on **7 February 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion, cerebral, severe and Laceration of brain, right frontal and temporal lobes, moderate.** Duration **10 hrs.**

Due to **Fracture, skull, right frontal and parietal regions.** 10 hrs.
Due to **Automobile accident.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation** 1700 2D
Of autopsy **Confirmation of above diagnoses.** 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) **Accident**
(b) Date of occurrence **6 February 1946 about 9 P.M.**

(c) Where did injury occur? **near Mtn. View, Missouri**
(City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 60

(Specify type of place) **Automobile**
While at work? **No** (e) Means of injury **over turned**
23. Signature **Harold Keen** (M. D. or other)
Address **O'Reilly Gen. Hosp.** Date signed **2/9/46**

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.....

L. A. Paul
.....
Licensed Embalmer No. 3014

P. O. Address Springfield, 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.