

**FILED** JUN 7 1946

Registration District No. **382**

Primary Registration District No. **5545**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **HOWARD**  
(b) City or town **RURAL Chanton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **64 yrs 4 mo 3 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN Q. BOWLER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **498-22-7593**

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 (Day) (Year)

7. Birth date of deceased **JAN. 14 1882**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Glasgow MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Common labor**

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

12. Name **John Bowler**

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

14. Maiden name **Sharely Woodard**

15. Birthplace **Saline County MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leat Spaul**  
(b) Address **Glasgow MO**

17. (a) **Burial** (b) Date thereof **May 20, 1946**  
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation **Glasgow MO**

18. (a) Signature of funeral director **Quidley, Fremont**  
(b) Address **Glasgow MO**

19. (a) **5-23-46** (b) **Joe King**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**  
(c) City or town **1/4 mile north Glasgow MO**  
(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 **May** day **17th**  
year **1946** hour **2** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him ~~alive~~ on **Dead - 5-17**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Drowning** Duration **1 day**

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **183, 3**

Of autopsy **2/3**

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) **Drowning**

(b) Date of occurrence **5-16-46**

(c) Where did injury occur? **Glasgow Howard MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**On way to town** (Specify type of place)

While at work? **no** (e) Means of injury **Fell**  
23. Signature **Joe King** (M. D. or other) **M.D.**  
Address **Glasgow MO** Date signed **5-20-46**

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

15  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-46

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 J. Walker Lindsay

Licensed Embalmer No. 3336

P. O. Address Glasgow Ill

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.