

BUREAU OF THE CENSUS
FILED JUN 2 1947

Registration District No. 55

Primary Registration District No. 5192

Registrar's No. 177

1. PLACE OF DEATH: Carroll

(a) County Carroll

(b) City or town Bosworth MO. (Combs)
(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 _____ (Specify whether _____)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: Carroll 17

(a) State Missouri (b) County Rural 0

(c) City or town Bosworth MO. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Gilbert Nowland

3. (b) If veteran, name war II

3. (c) Social Security No. II

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Maude Nowland

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 1 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Carroll CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Nowland 0

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

14. Maiden name Martha Gentry

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

16. (a) Informant Russell Nowland

(b) Address Lowery City MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 26 47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (c) Signature of funeral director David J. Edwards

(b) Address Bosworth MO.

19. (a) 5/19/47 (Date received local registrar) (b) Mr. Robert Calver (Registrar's signature) LLB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1947 hour 9 minute 35 AM M.

21. I hereby certify that I attended the deceased from Apr 2nd 1947 to May 9th 1947, that I last saw him alive on May 9th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 2 yrs ?

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 5 months of death)

Major findings: Of operations 46 B

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) (e) Means of injury _____

23. Signature W. S. Atwood (M. D. or other) _____

Address Carrollton MO. Date signed 5/18/47

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

RECEIVED

Sanitation Health Officer No. 8,

District File Number 547

Date Filed 5-31-47

JUL 1 1947

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 David J. Edwards

Licensed Embalmer No. 3268

P. O. Address Boworth 200

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.