S. No. 300
M—10-47
v. 5-17-39
Form I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

Registration District No. 157

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19805

Primary Registration District No. 3028

Registrar's No. 144

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 109 N. Maple St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 109 N. Maple St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: PERRY BOWLES

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Viola S. Bowles

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July (Month) 4, (Day) 1878 (Year)

8. AGE: Years 69 | Months 11 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: real estate dealer

11. Industry or business: self

FATHER
12. Name: Jestina Bowles
13. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Armanda Steeley
15. Birthplace: Pennsboro (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Perry Bowles
(b) Address: 109 N. Maple, Carthage, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: June 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Pennsboro Mo. Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) 6-12-48 (Date received local registrar) (b) L. B. Clements (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1944, 19__, to June 10, 1948, that I last saw him alive on May 25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to: Coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
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? (Specify type of place)
While at work? (e) Details of injury

23. Signature: J. Russell Smith (M. D. or other) MD
Address: Carthage, Mo. Date signed 6-11-48

48-5-50B

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.