

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH
a. COUNTY Green
b. CITY (If outside corporate limits, write RURAL and give town) Springfield
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY (If outside corporate limits, write RURAL and give township) Willow Springs, Rural
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED
a. (First) William b. (Middle) Charles c. (Last) Bowles

4. DATE OF DEATH (Month) (Day) (Year) 3 - 23 - 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH May 11, 1898 9. AGE (In years last birthday) 52 10. UNDER 1 YEAR 10 11. UNDER 12 MONTHS 12 12. UNDER 1 HRS. 13. UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY agriculture

11. BIRTHPLACE (State or foreign country) Ashland, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Bowles 13b. MOTHER'S MAIDEN NAME Fannie Kolter 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Bowles ADDRESS Willow Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns 2nd & 3rd Degree Extensive severe
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Texas, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 23 - 51 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fighting fire

22. I hereby certify that I attended the deceased from 3/23, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Willow Springs, Mo 23c. DATE SIGNED 3/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3/25/51 24c. NAME OF CEMETERY OR CREMATORY Freedom 24d. LOCATION (City, town, or county) (State) Texas, Mo.

DATE REC'D BY LOCAL REG. 3-27-51 REGISTRAR'S SIGNATURE W.E. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Willow Springs, Mo.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Walter C. Kamella

Signed.....

Student Embalmer

Licensed Embalmer No.....

3808

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.