

REC'D APR 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11223  
Do not use this space.

## 1. PLACE OF DEATH

53 (a) County Laclede Registration District No. 449  
 (b) Township Lebanon Primary Registration District No. 4267 Registered No. \_\_\_\_\_  
 (c) City Lebanon (d) Street No. Wallace Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Alma Jane Bowling 4-52  
 (a) Residence, No. Brownfield, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. R. Bowling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1904</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede County Mo.</u>		
13. NAME <u>Nancy Harper</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>		
15. MAIDEN NAME <u>Nancy Jane Cradock</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaska Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>J. R. Bowling Brownfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brownfield Mo.</u> DATE <u>3/28 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. E. Holman Lebanon, Mo.</u>		
20. FILED <u>3-28-38</u> 19 <u>38</u> <u>J. R. McCoub</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1938  
 22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938 to March 26, 1938  
 I last saw him or alive on March 26, 1938 Death is said to have occurred on the date stated above, at 8:20 pm.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease Date of onset 1935  
 Other contributory causes of importance: None  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physician's Exam Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. J. McCoub M. D.  
 (Address) Lebanon Mo.  
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Carl W. Hause, Licensed Embalmer No. 9955  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E. No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Carl W. Hause  
Licensed Embalmer No. 9955

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.)