

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23120

Do not use this space.

1. PLACE OF DEATH

(a) County Stone
 (b) Township Pine
 (c) City Crane

Registration District No. 842
 Primary Registration District No. 6104

Registered No.

(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

(a) Residence, No. Mrs. Armintha Bowling St. Crane, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bowling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Ky13. NAME Henry Dalton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Martha Spears16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) H. D. Bowling
Crane, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Hill DATE July 4, 193819. FUNERAL DIRECTOR (ADDRESS) J. W. Maple
Clover, Mo.20. FILED 7-7 1938 Mrs. Ethel Dugg
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 193822. I HEREBY CERTIFY, That I attended deceased from I saw her immediately after death, 19....

I last saw him..... alive on....., 19.... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 7-3-38

Other contributory causes of importance: arteriosclerosis 1920

Name of operation none Date of.....What test confirmed diagnosis? clinical Was there an autopsy? yes

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) H. P. Kern M. D.(Address) Crane Mo.

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed ~~by~~

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. H. Maples

Licensed Embalmer No. 2985

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.)