

REC'D DEC 19 1938

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

40651

Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 900
 (b) Township Neangua Primary Registration District No. 6207 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 life mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Greening Bulow

(a) Residence, No. Neangua 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1925

7. AGE YEARS 13 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. School
 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange, Wis.

FATHER 13. NAME Frank Bulow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Catherine Greening
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Mrs.

17. INFORMANT Frank Bulow
(ADDRESS) Marshfield, Missouri18. BURIAL ~~CERTIFICATION OF REMOVAL~~
PLACE Osage DATE August 16, 193819. FUNERAL DIRECTOR (NAME) Rex Rainey
(ADDRESS) Marshfield, Missouri20. FILED Nov 7 1938 Miss W. T. Schleich
Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1938 to 8-14, 1938
 I last saw him alive on 8-14, 1938 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:

Diabetes chronic

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. W. Birdsey M. D.(Address) Conway

RECEIVED

District Health Officer No. 6,

District File Number 6-38-820

Date Filed DEC 16 1938

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,

Rex Rainey

or by

Registered Apprentice No. working under my personal supervision.

Signed

Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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, above space should be left blank.