. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1761

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 99

1. PLACE OF DEATH:

(a) County Buchanan FILED FEB 12 1940

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 820 Jule (If rural, give location)

(e) If foreign born, how long in U. S. A.? ? years.

3. (a) PRINT FULL NAME Colvin C. Bowsfield 214

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ANN COLVIN BOWSFIELD 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 16 (Day) 1855 (Year)

8. AGE: Years 84 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Orangeville, Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation Journalist

11. Industry or business Newspaper

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cabray Wortley, M. D.
(b) Address St. Joseph, Mo.

17. (a) cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof Jan. 30, 1940 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Elmwood Cemetery Society

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph

19. (a) Jan 30, 1940 (Date received local registrar) (b) W. J. Nettlebush (Registrar's signature) 85

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1940 hour 9 minute p. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1940. Jan. 25, 1940, to Jan. 28, 1940; that I last saw him alive on Jan. 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral bronchopneumonia	4 days
Coronary Sclerosis	1 yr.
Due to Senility	
Benign prostatic hypertrophy with	
~~Due to~~ urinary retention	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

94 10

Major findings:
Of operations
Of autopsy Same as above.

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) Means of injury

23. Signature Cabray Wortley, M. D. (M. D. or other)
Address Corby Building Date signed 1-29-40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph

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 W. H. Kelly

Licensed Embalmer No. MO. 3946

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.