

FILED FEB 16 1940

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

3519

Do not use this space.

1. PLACE OF DEATH

- (a) County Reynolds Registration District No. 747
 (b) Township Carroll Primary Registration District No. 5 9761 Registered No.
 (c) ~~City~~ Centerville (d) Street No. 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 John Allen Bowles

- (a) Residence, No. Centerville 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Bowles		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 23, 1866</u>		
7. AGE YEARS 73	MONTHS 3	DAYS 20
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</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) <u>Centerville Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>James Bowles</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Phelps Co. Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Ruth Crownover</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>St. Francois Co. Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Lon Bowles</u> (ADDRESS) <u>Centerville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centerville Mo</u> DATE <u>Jan. 14 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Norman White & Sons</u> (ADDRESS) <u>Centerville Mo.</u>		
20. FILED <u>Feb 7 1940</u> <u>Mrs J J Pyrtle</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1940

22. I HEREBY CERTIFY, That I attended deceased from January 9 1940 to January 15 1940
 I last saw him alive on January 9 1940 Death is said to have occurred on the date stated above, at 11.55A
 The principal cause of death and related causes of importance were as follows:
pneumonia, lobar
 Date of onset

Other contributory causes of importance:
hemiplegia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

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) [Signature], M. D.
 (Address) Centerville Mo.

(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.

I X16603

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.

RECEIVED

District Health Officer No. 5,

District File Number 249189

Date Filed 21440

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.