

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8386

FILED MAR 12 1940

Registration District No. 842

Primary Registration District No. 6-10-4 45/2

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Crane
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days 4 1/2

8. (a) PRINT FULL NAME Benjamin Franklin Bowling
3. (c) Social Security No. 1
(b) If veteran, name war 1

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Alice Bowling 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct. 8, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 3 hr. min.

9. Birthplace Ky. (City, town, or county) (State or foreign country)

10. Usual occupation retired laborer

11. Industry or business

MOTHER FATHER { 12. Name Henry C. Bowling
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Helena Pate
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elma M. Bowling
(b) Address Crane, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director J. W. Moxley 766
(b) Address Clever, Mo.
19. (a) Feb. 12, 1940 (Date received local registrar) (b) Mrs. Ethel Duggitt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Crane (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1940 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 3 1940, to Feb. 11 1940;
that I last saw him alive on Feb. 11 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2-6-40
Due to Influenza 2-1-40

Due to 11/2
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: no operation
Of operations none
Of autopsy none
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature H. L. Kerr (M. D. or other)
Address Crane Mo. Date signed 2-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

City of Health Officer No. 6,

License File Number 340-784

Date Filed MAR 11 1940

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.....

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.