

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 138

Primary Registration District No. 4078

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne Mo.

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Spent his entire life (Specify whether _____)
years, months or days in Missouri

3. (a) PRINT FULL NAME Anna M. Harford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Bowling Deceased

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1954
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Carroll County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jabara B. Freeman

13. Birthplace Unknown States
(City, town, or county) (State or foreign country)

14. Maiden name Eloa J. Freeman

15. Birthplace Unknown States
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eason Bowling

(b) Address Norborne Missouri

17. (a) Burial (b) Date thereof 5 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cemetery

18. (a) Signature of funeral director John H. Deitch

(b) Address Norborne Mo.

19. (a) 5-19-40 (b) B. Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Norborne Mo
(If outside city or town limits, write "RURAL") 0

(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 5 day 16
year 1940 hour 3-30 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 3
1940, to May 16 1940.

that I last saw her alive on 5-16- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to _____

Other conditions 52W
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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?
33 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature B. Cole (M. D. or other) _____
Address Norborne Mo Date signed 5-19-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-11-10

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.....

John G. Deitch

....., Registered Apprentice No.

working under my personal supervision.

Signed *John G. Deitch*

Licensed Embalmer No. *3654*

P. O. Address *Norborne Mo*

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.