

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22580

State File No. _____

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 18

1. PLACE OF DEATH

(a) County Pulaski Liberty Twp.
(b) City or town Haylesgreen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Russell Liberty Twp. 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) 15+

3. (a) PRINT FULL NAME THOMAS KINNEY BOWLING

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Bowling 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Apr 28, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William S. Bowling

13. Birthplace Haylesgreen Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lizette Kimbark

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

16. (a) Informant Roy Bowling

(b) Address Haylesgreen Mo.

17. (a) Burial (b) Date thereof 6-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haylesgreen Mo.

18. (a) Signature of funeral director Richmond M. B.

(b) Address Haylesgreen Mo.

19. (a) June 1940 (b) Event a. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1940-6 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-11-39
_____ 19 _____ to 6-17-40 19 _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____

Due to _____

Due to 97

Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? Haylesgreen
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 640

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. P. C. Oliver (Physician, D. or other)

Address Haylesgreen Mo. Date signed 6-21-40

(Licensed Embalmer's Statement on Reverse Side)

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

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

strict Health Officer No. 5,

File Number 740-748

Serial 71140

Signed

R. B. Leeper

Licensed Embalmer No. 3198

P. O. Address Richland 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.