

Registration District No. **431**

Primary Registration District No. **5588**

Registrar's No. **97**

1. PLACE OF DEATH: **2**

(a) County **Johnson**

(b) City or town **Rural Warren**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**
(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) **1152**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Johnson**

(c) City or town **Rural**
(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.

3. (a) PRINT FULL NAME **Mary Emaline Bowling**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **7**
year **1940** hour _____ minute _____ M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wm D. Bowling**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **March 30 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on **Sudden** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thromboses**

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

Due to _____

Due to _____ **94%**

9. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Rumley**

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

14. Maiden name **Sarah Newsem**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **no**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **W. D. Bowling**

(b) Address **Warrensburg Mo. (Rural Road)**

17. (a) **Burial** (b) Date thereof **Aug 9 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Hope Cemetery**

18. (a) Signature of funeral director **Sauls**

(b) Address **High Hope Cemetery**

19. (a) **Aug 12 - 1940** (b) **Bertie Bentley**
(Date recorded local registrar) (Registrar's signature)

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 **J. L. Bradley** (M. D. or other) **MD**
Address **Warrensburg Mo** Date signed _____

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-5-40

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.....

Rudley A. Sauls
working under my personal supervision.

Registered Apprentice No. *249*

Signed *C. L. Sauls*

Licensed Embalmer No. *1086*

P. O. Address *Knob Hostler Y*

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

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