

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Turkville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Benton, Tp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES B. BOWCOCK.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Eitel Bowcock 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 12 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Ret. Seaman

11. Industry or business See

12. Name John T. Bowcock

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

14. Maiden name Lena Ann Riffe

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

16. (a) Informant Dr. Eugene P. Hallard

(b) Address 1015 1/2 W. Philadelphia

17. (a) burial (b) Date thereof Sept 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelblyon

18. (a) Signature of funeral director Summers & Husky

(b) Address Highsville Mo

19. (a) Oct. 5/40 (b) Spencer L. Treanor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 1940  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 15 1940 to Sept 22 1940  
that I last saw him alive on Sept 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to age & hardening of arteries

Due to \_\_\_\_\_  
Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations \_\_\_\_\_  
Of autopsy no

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? 3

While at work? ✓ (Specify type of place) (e) Means of injury 3

23. Signature L. J. Couner (M. D. or other) 3  
Address Highville Mo Date signed 23

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number: 10-40-2008

Date Filed: OCT 24 1940

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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.