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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
18 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32483

State File No. 13

Registration District No. 1076

Primary Registration District No. 5681

Registrar's No. 13

1. PLACE OF DEATH:
(a) County. Livingston,
(b) City or town. Avalon - RFD # Grand River Twp.
(c) Name of hospital or institution:
2 miles east Avalon.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX 20
In this community. All his life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri. (b) County. Livingston,
(c) City or town. AVALON,
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles east of Avalon,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. JOHN WALKER BOWLWARE
3. (b) If veteran, name war. NO
3. (c) Social Security No. NO.

4. Sex. M
5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Lottie Bowlware
6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. Dec. 11, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 26
hr. _____ min.

9. Birthplace. Hale, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming, 9

11. Industry or business. XX

12. Name. Walker Bowlware, 1

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

14. Maiden name. Eliza Herron,
VIRGINIA,
(City, town, or county) (State or foreign country)

16. (a) Informant. Frankie C. Bowlware,

(b) Address. Avalon, Missouri, R#.

17. (a) Burial, (b) Date thereof. 9/8/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Avalon,

18. (a) Signature of funeral director. Clifford W. Austin,
(b) Address. Tina, Missouri.

19. (a) _____ (b) Mrs. Chas. Ludwig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 7
year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from never
attended him to _____, 19____;
that I last saw him never saw him alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 94 1/2
94 1/2

Due to arteriosclerosis
this is according to physician of
Due to physician that had
attended

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none performed
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?
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(e) Means of injury _____
While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature. Clifford W. Austin (M. D. or other) _____
Address. Chillicothe, Mo. Date signed 9-40

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

Bill
Dr. Austin

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 _____
Clifford W. Austin, _____; Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Clifford W. Austin

Licensed Embalmer No. **#3233.**

P. O. Address **Tina, Missouri.**

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.