

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35861

Registration District No. 575

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Tipton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Twenty One Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Tipton  
(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.

8. (a) PRINT FULL NAME Benjamin Franklin Bowline

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

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

6. (b) Name of husband or wife Ida B. Bowline 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July, 4th, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 6 hr. min.

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

10. Usual occupation Medical Doctor

11. Industry or business --

12. Name Andrew J. Bowline

18. Birthplace Kaiser, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Bird

15. Birthplace Moniteau County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida B. Bowline  
(b) Address Tipton, Mo.

17. (a) Removal (b) Date thereof 10/12/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Tipton, Mo

19. (a) 10-11-40 (b) W. B. Sarah Mye  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th  
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 1940  
1940 to Oct 10, 1940

that I last saw him alive on Oct 10, 1940, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 week

Due to Pleural Effusion 2 mo.

Due to Influenza 1 wk.

Other conditions 11/2  
(Include pregnancy within 3 months of death)

Major findings: Rib resection 9-9-40  
9 operations  
Pleural effusion  
Of autopsy none

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? \_\_\_\_\_

(e) Means of injury 507  
While at work? \_\_\_\_\_

23. Signature W. C. Hume (M. D. or other) MD

Address Tipton Mo Date signed 10-11-40

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jimmie E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Lipton, Neb

**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.**