

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36238

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 34

1. PLACE OF DEATH

(a) County St Clair  
(b) City or town Appleton City  
(c) Name of hospital or institution Ellsht Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 60 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates  
(c) City or town Rockville  
(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 SAMUEL HAWK BOWMELL

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

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

6. (b) Name of husband or wife BELLE BOWMELL 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Oct 29 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>10</u>	<u>hr. 1 min.</u>

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

10. Usual occupation Druggist

11. Industry or business \_\_\_\_\_

12. Name William A. Bothwell

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

14. Maiden name Julia A. Pober

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

16. (a) Informant Eugene W. Bothwell

(b) Address 3137 Rockwood Kansas City, Mo

17. (a) Burial (b) Date thereof Oct 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockville Mo

18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City, Mo

19. (a) Oct 23 1940 (b) Chas Ames  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20, year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-17-40, 19\_\_\_\_, to 10-20-, 1940 that I last saw him alive on 10-20-40, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, ch

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_

Date of occurrence \_\_\_\_\_

(b) 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? 8310  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. P. Elliott (M. D. or other) MD  
Address Appleton City, Mo Date signed 10-23-40

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

3  
1  
0

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1309

Date Filed 11-1-40

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 M.E.  
on the 20th day of Oct. 1940, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, Wis.

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.