

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39957**

Registration District No. **842**

Primary Registration District No. **6104**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stone**
(b) City or town **Burial Map 11**
(c) Name of hospital or institution:

(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) **2**

3. (a) PRINT FULL NAME **Henry Douglas Bowling**

8. (b) If veteran, name war **L** 8. (c) Social Security No. **none**

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Arminta Bowling** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 14 1860** (Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **farming**

11. Industry or business _____

12. Name **Benjamin Bowling**

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

14. Maiden name **Julia White**

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

16. (a) Informant **Mary Benson, Crane**

(b) Address **Mo**

17. (a) **Burial** (b) Date thereof **Oct. 26 40** (Month) (Day) (Year)

(c) Place: burial or cremation **Mars Hill**

18. (a) Signature of funeral director **J.W. Maples**

(b) Address **Clever Mo**
Oct 26 1940 (b) **Mrs Ethel Duggan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Stone**

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. **Crane R #1** (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

3. DATE OF DEATH: Month **Oct** day **25** year **1940** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **1938**

that I last saw him alive on **Oct 25** 19 **40**

and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis - hypertrophic** **2 years** Duration

Inferiority of age

Due to _____

Due to _____

Other conditions **171**

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **7.6.6**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **A.P. Smith** (M. D. or other) **10-25-40**

Address **Clever, Mo** Date signed **10-25-40**

RECEIVED

Sanitary Health Officer, No. 1

District File Number 1240-2991

Date Filed DEC 10 1940 DEC 10 1940

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo

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.