V. S. No. 2
50M—5-42
Rev. 5-17-39
1 VX32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 347

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31532

Primary Registration District No. 6168

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural Lincoln Twnship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 1 Galena Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 Galena Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward N Bowling

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 6 (Day) 1886 (Year)

8. AGE: Years 56 | Months 4 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Frank Bowling

13. Birthplace ? (City, town, or county) Tennessee / (State or foreign country)

14. Maiden name Harriett Leddy

15. Birthplace ? (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Mrs Hattie Akin

(b) Address R.F.D. # 1 Galena Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mars Hill Cemetery

18. (a) Signature of funeral director J.P. King.

(b) Address Aurora Mo.

19. (a) Sept 10 '42 (Date received local registrar) Nellie Tromly (Registrar's signature)

1172 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 4
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1932, to Sept 4 —, 1942; that I last saw him alive on Sept. 3 —, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypoglycemia	
Due to: Diabeter	12 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations none
Of autopsy none

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

23. Signature W. L. Kerr (M. D. or other) 0
Address Crane Mo. Date signed 9-6-42

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 Herman Jennings

Licensed Embalmer No. 3072

P. O. Address Aurora 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, fact should be so stated above.