

FILED AUG 7 1943 2

Registration District No. _____

Primary Registration District No. 5017

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town RURAL NODAWAY TWRS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew
(c) City or town NODAWAY TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) If foreign born, how long in U. S. A? 9 years.

3. (a) PRINT FULLNAME William Bowlin

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex m 5. Color or Race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Alice Bowlin 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb 16 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 15 hr. min.

9. Birthplace Andrew co mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Thomas Bowlin

13. Birthplace un known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name SPADER

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

16. (a) Informant ms Alice Bowlin

(b) Address Savannah mo

17. (a) B (b) Date thereof 7-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH

18. (a) Signature of funeral director E. G. Breit

(b) Address Savannah mo

19. (a) 7-3-43 (b) F. H. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1943 hour 10 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 1 1943
Jan 1 to June 3 1943
that I last saw him alive on June 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Not anary
The embolus

Due to arteria Sclerosis

Due to _____

Other conditions Degenerated
(Include pregnancy within 3 months of death)
Heart Muscle

Major findings:
Of operations _____
Of autopsy No

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) _____
(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?

While at work? _____ (Specify type of place) (c) Means of injury C

23. Signature Walter O Myler (M. D. or other) 1943
Address Savannah Date signed July 5

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

200

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.