

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

34585

Registrar's No.

833

Registration District No.

# 128

Primary Registration District No.

2000

## 1. PLACE OF DEATH:

GREENE

(a) County

(b) City or town

Springfield

(c) Name of hospital or institution:

923 S. Jefferson

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

6 Months

(Specify whether

In this community

years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State

Missouri

(b) County

Bartons<sup>6</sup>

(c) City or town

Golden City

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

3. (a) PRINT  
FULL NAME

Narcissus Bowles

3. (b) If veteran,

name war

no

3. (c) Social Security

No

4. Sex

Female

5. Color or

race

White

6. (a) Single, widowed, married,

Divorced Widowed

6. (b) Name of husband or wife

Alec Bowles

6. (c) Age of husband or wife if

alive

Dea. years

7. Birth date of deceased

April

8

1851

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

92

6

0

hr.

min.

9. Birthplace

Everton

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

John Poindexter Stealy

13. Birthplace

Unknown

Unknown

14. Maiden name

Rebecca Unknown

Unknown

15. Birthplace

Unknown

Unknown

16. (a) Informant

Ray Caldwell

(b) Address

Lockwood, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Oct. 10, 1943

(Month) (Day) (Year)

(c) Place: burial or cremation

Lockwood, Mo.

18. (a) Signature of funeral director

H.H. Lohmeyer

(b) Address

Springfield, Mo.

19. (a)

10-10-43

(Date received local registrar)

(b) *[Signature]*

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Oct.

day 8

year 1943

hour 7:00

minute 0

A. M.

21. I hereby certify that I attended the deceased from

10-7

1943 to

10-8

1943

that I last saw him alive on

-10-17-

1943

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

Immediate cause of death

Senility

Due to

Gen. senile changes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged stat-  
istically.

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)

(e) Means of injury

23. Signature

J.F. Freeman (M. D. or other)

Address

Springfield

Date signed 10-9-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

19  
2  
6

X

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**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

*Keith Collier*

Licensed Embalmer No.

*3632*

P. O. Address

*Springfield, MA*

**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.**

*7*