

FILED JAN 7 1944

Registration District No. **77** Primary Registration District No. **3012**

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

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)

(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 **about 3 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Excelsior Springs**
(If outside the city or town limits, write "RURAL")

(d) Street No. **110 Thompson**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles Austin Bowles**

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

4. Sex **male** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Nelle** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Aug 16 - 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	7	hr. _____ min. _____

9. Birthplace **Plepley Co W. Va**
(City, town, or county) (State or foreign country)

10. Usual occupation **miner**

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Bowles**

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

14. Maiden name **Emily Jane Harney**

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

16. (a) Informant **Nelle Jane Bowles**

(b) Address **110 Thompson Ave. Ex. Spgs.**

17. (a) **Burial** (b) Date thereof **12-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Claude Richard**

(b) Address **Excelsior Springs Mo**

19. (a) **12-24-43** (b) **Mrs. M. S. Hebert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**
year **1943** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 1st**
1943 to **Dec 20** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to **Arteriosclerosis, Cobblestone atherosclerosis, Myocardial infarction** **Secondary**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **120 at**

Of autopsy **0**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **0**

(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 _____

Signature **Dr. M. S. Hebert** (M. D. or other) _____
Address **Excelsior Springs Mo** Date signed **12/24/43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-6-44

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

Eul Rapp

Licensed Embalmer No.

3458

P. O. Address

Excelsior Spgs. Md.

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.