

S. No. 2  
M-5-42  
y. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42455

State File No. \_\_\_\_\_

Registrar's No. 121

FILED JAN 10 1944

Registration District No. 141

Primary Registration District No. 3025

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Christa Hogan Hospital, 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether in this community 8 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Birch Tree, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

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

3. (a) PRINT FULL NAME Pearl R Bowling

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hert V. Bowling

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

7. Birth date of deceased October, 20th, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Thos. Faulkner

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Hert V. Bowling

(b) Address Birch Tree, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec, 3, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Harmington Mo

18. (a) Signature of funeral director John P. [Signature]

(b) Address Mountain View, Mo

19. (a) 12-15-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1943 hour 12 minute 10 p.m.

21. I hereby certify that I attended the deceased from November 29, 1943, to Dec. 2, 1943  
that I last saw her alive on Dec. 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to \_\_\_\_\_

Due to Chr. Cholecystitis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature [Signature] Address West Plains, Mo

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5.  
District File Number 14422  
Date Filed 1-6-4

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.....  
*John F. Duncan*

Licensed Embalmer No. 2516

P. O. Address *Mountain View, 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.