. S. No. 2
DM—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37279

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 366

12
7
3

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dunn Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community few hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County -- 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6143 Pershing Avenue 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Walter Chester Bowles
3. (b) If veteran, name war
3. (c) Social Security No. 322-12-0350

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 23, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Derryville, (City, town, or county) Virginia 1 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business

FATHER
12. Name James A. Bowles
13. Birthplace Newmarket (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Isabella Swartz
15. Birthplace Cherrygrove (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. W. C. Bowles
(b) Address St. Louis, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 21, '44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.
18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Mo.
19. (a) 11-18-44 (Date received local registrar) (b) Billie Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1944 hour About 10 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Acute gastritis	
Due to Senility 1	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy	

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 Alfred M. Greer Coroner (M.D. or other)
Address Poplar Bluff, Mo. Date signed 11-16-4

72 (Licensed Embalmer's Statement on Reverse Side)

DEC 18 1944

RECEIVED
District Health Office No. 2,
District File Number 1244-1605
Date Filed 12-7-44

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 Alfred W. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff, 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.