

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3769

State File No.

FILED JAN 25 1945

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural R # 1 Galena, - Pine
(c) Name of hospital or institution: Map
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjiman Martin Bowling

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

Male 0 White 1 5. Color or race
4. Sex 1 divorced Married
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Anna Bowling 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 29, 1877 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 8 hr. min.

9. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Benjiman Bowling

12. Name Tenn. 1
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Julia White
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Bowling
(b) Address R # 1 Galena, Mo.

17. (a) Burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Crane Mo.

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) 7-7-44 (b) Dean Malone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104
(c) City or town R. # 1 Galena, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 10 minute :05 a.m.

21. I hereby certify that I attended the deceased from 4th April 6 to April 6 1944
that I last saw him alive on April 6 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Capillary paroplegia asphyxia
Hyperextension heart
Due to Drinking

Due to Has had 3 Cerebral Hemorrhages
Last one on April 2, 1944
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g 3rd
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?

(Specify type of place)
While at work? (e) Means of injury
23. Signature A. P. Capote (M. D. or other) ho
Address Crane, Mo Date signed 4-6-44

RECEIVED
District Health Officer No. 6,
District File Number 145-116
Date Filed JAN 22 1945

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

Herbert M. Curridge

Licensed Embalmer No. 12510-72

P. O. Address *Aurora 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.