

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945
Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9355

State File No. _____
Registrar's No. 36

Primary Registration District No. 4080

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Norborne Mo Egypt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 South Pine Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Norborne Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 2
(e) Citizen of foreign country? No 0 or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. Bowlin
3. (b) If veteran name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3-31 day 45
year 45 hour 7 minute A M.
21. I hereby certify that I attended the deceased from 3-28
1945, to 3-31 1945
that I last saw him alive on 3-31 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 10 1873
(Month) (Day) (Year)

Immediate cause of death a poplepsy
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
72 11 20 hr. _____ min.

Major findings:
Of operations _____
Of autopsy 150
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business and Land Salesman

12. Name James Butler Bowlin

13. Birthplace State of Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jenna M.

15. Birthplace Carroll County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dale Deitch

(b) Address Norborne, Missouri R#2

17. (a) Burial (b) Date thereof 4 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director John H Deitch

(b) Address Norborne Mo

19. (a) 4-2-1945 (b) John H Deitch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 B. C. Cole (M. D. or other) _____
Address Norborne Mo Date signed 3-31-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUN 10 1945

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4/7/45

JUN 16 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John G. Ditch

Licensed Embalmer No. 3654

P. O. Address Nashville Tenn

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.