

FILED FEB 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Hatchegreen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Rosa Evelyn Bowling

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 2 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name FRANKLIN HILL HOUSE
13. Birthplace STOUTLAND MO
(City, town, or county) (State or foreign country)
14. Maiden name KATHY L. GARY
15. Birthplace UNKNOWN IL
(City, town, or county) (State or foreign country)

16. (a) Informant Kay Bowling
(b) Address Stagleson road

17. (a) Buried (b) Date thereof 1/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourne Cemetery

18. (a) Signature of funeral director R. B. Ziegler

(b) Address Richland, Mo

19. (a) 1-26-46 (b) 6201 N. 100th
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Hatchegreen
(If outside city or town limits, write "RURAL")
(d) Street No. PUYAH
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 10
year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1945, to Jan. 8, 1946

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

Other conditions Hypostatic Pneumonia
(Include pregnancy within months of death)

Major findings: Of operations _____

Of autopsy 932

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 Dr. Julian Anderson (State or other) MO
Address Wayneville MO Date signed 4/24/46

265

(Licensed Embalmer's Statement on Reverse Side)

1830
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1946

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.....

Licensed Embalmer No. 3198

P. O. Address.....

Richland 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.