

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25152**
Registrar's No. **117**

Registration District No. **310** Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town "Rural" Millwood Twsp
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Theodore C. Bowles

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Bowles

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin Bowles

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

14. Maiden name Sarah Worland

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm R. Vomund

(b) Address Silex, Missouri

17. (a) burial (b) Date thereof July 11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Alphonsus Cem Millwood, Missouri

18. (a) Signature of funeral director H. D. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo

19. (a) July 19-47 (b) Francis Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1947 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased and viewed the body XXXXXX July 9, 1947
(I had last seen him alive on XXXXXX, 19____)
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Fractured knee - Loss of blood (hemorrhage)

Due to Cardiac Failure (Chronic)

Other conditions Myocardial degeneration
(Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence July 8, 1947

(c) Where did injury occur? Lincoln County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
County Road
(Specify type of place)

While at work? _____ (e) Means of injury One car accident

23. Signature Marvin Murdock (M.D. or other) _____
Address St. Charles, Mo Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

coll. with filed report

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

RECEIVED
District Health Officer No. 9,
District File Number JUL 29 1947
Date Filed

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. *429*
working under my personal supervision.

Signed.....*Joseph I. Landolt*.....
Licensed Embalmer No. *4189*
P. O. Address.....*A. Charles*.....

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.