-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 38951

FILED DEC 3 1947

Registration District No. 212 — Primary Registration District No. 5779 — Registrar's No. 58

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural - Franklin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bagnell (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Bagnell - (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

66

3. (a) PRINT FULL NAME Eva - Jane - Bowlin
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or ~~wife~~ Licurgus - Bowlin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 24 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	21	— hr. — min.

9. Birthplace Linn - Creek - Mo (City, town, or county) (State or foreign country)
10. Usual occupation House - wife
11. Industry or business Home
FATHER
12. Name David - Bunch
13. Birthplace Quincy - Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eva - Jane - Curaett
15. Birthplace Camden - Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Brooks - Behrens
(b) Address Eldon - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Riley - Lamb - Cem
18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo
19. (a) 11-15-1947 (Date received local registrar) (b) G. D. Walker MD (Registrar's signature) BH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1947 hour 5:15 A.M. minute
21. I hereby certify that I attended the deceased from 1935, to Nov 15, 1947; that I last saw her alive on Nov 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr.
Due to Hypertensive Ht. disease
Due to
Other conditions ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations ✓
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 E. O. Shelton (M. D. or other) M.D.
Address Eldon Mo Date signed Nov 15 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 2 1942

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.