No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28781

FILED OCT 11 1948

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 265

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Nodaway Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural - 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Nodaway Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Robert Grant Bowlin
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 1 (Day) 1868 (Year)

8. AGE: Years 79 Months 9 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business .....
FATHER
12. Name Benjimen Bowlin
13. Birthplace Andrew Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pracina Strader
15. Birthplace Unknown North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Leo Bowlin
(b) Address Savannah Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 9-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Mo
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 9-28-48 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25 year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 1-27 1948, to 9-24 1948; that I last saw him alive on 9-24 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Renal Vascular Disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Robert Chong (M. D. or other)
Address Savannah Mo Date signed 9/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.