

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

21880

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McLarney Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Eulalia Bowles

3. (b) If veteran,  
name war XXXX

3. (c) Social Security  
No. XXXXXX

4. Sex Female 5. Color or  
race White

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

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

6. (c) Age of husband or wife if  
alive 38 years

7. Birth date of deceased July  
(Month)

2 1909  
(Day) (Year)

8. AGE: Years Months Days If less than one day  
33 11 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name W. S. Powell

13. Birthplace Linn Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Peery

15. Birthplace Linn Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bowles

(b) Address Brookfield, Mo. R 2

17. (a) Burial (b) Date thereof 7/1/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cem. Purdin, Mo.

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo. (W. H. Taylor)

19. (a) 7-2-1943 (b) W. H. Taylor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town (Rural) Brookfield Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? XXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th.  
year 1943 hour 9 minute 10 p. a. M.

21. I hereby certify that I attended the deceased from 6-26 to 6/29, 1943.  
that I last saw her alive on 6-29, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 1 da

Due to Acute myocarditis 3 1/2 da.

Due to cellulitis from unknown ✓

Other conditions 0  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 0

Of autopsy 0

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 6  
(c) Where did injury occur? 0 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)  
(e) Means of injury 0

23. Signature W. H. Taylor (M. D. or other)  
Address Brookfield, Missouri Date signed 6/30

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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:.....

*David A. Taylor*

Licensed Embalmer No.....3761

P. O. Address.....Linneus, Missouri

**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.**