

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29889

Registration District No. 82

Primary Registration District No. 3017

State File No.

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Cooper Co  
(b) City or town Boonville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Van Ravenswaay Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Wks  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Jack Bowlin

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife If alive years

7. Birth date of deceased May 3 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 10 hr. min.

9. Birthplace Moniteau Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Undertaker

11. Industry or business

MOTHER FATHER { 12. Name Midd S. Bowlin  
13. Birthplace Missouri  
14. Maiden name Nancy J. Scott  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Bowlin  
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Sept. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemt California

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.

19. (a) 9-16-48 (b) Clay Morris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No. 100 South Oak St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1946 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from August 30  
19 46, to Sept 13 19 46  
that I last saw him alive on Sept 13  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden  
Coronary occlusion  
of the heart

Due to 137B

Other conditions Was operated upon for  
(Include pregnancy within 3 months of death) prostatic hypertrophy

Major findings: Suprapubic removal  
Of operations of prostate gland  
Of autopsy none

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?  
Mo.

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

23. Signature Heaven Ravenscroft (M. D. or other)  
Address Boonville, Mo. Date signed 9-13-46

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

RECEIVED

Coroner Health Officer No. 8,

District File Number 71

Date Filed 10-5-46

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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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton, 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, above space should be left blank.