

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22009
State File No.
Registrar's No. 92

Registration District No. 100124

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. - Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
100 South Oak
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Martha William Bowlin

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

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

6. (b) Name of husband or wife Jack Bowlin 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec 29 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 12 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name John Duncan

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

14. Maiden name Martha W Hampton

15. Birthplace Cooper Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Bowlin

(b) Address California, Mo.

17. (a) Burial (b) Date thereof June 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cent California

18. (a) Signature of funeral director Paul E. Richard

(b) Address 11-11-43

19. (a) 6-11-43 (b) 11-11-43
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo. 68
(If outside city or town limits, write "RURAL")
(d) Street No. 100 South Oak 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 3 to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach 6 Mo.

Duration

Due to.....

Due to.....

Other conditions (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).....
(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?

While at work (Specify type of place) (e) Means of injury 2

23. Signature California, Mo (M. D. or other)

Address California, Mo Date signed 6/11/43

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

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jamess E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lipton, 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.

EX 11-3