

34204

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 8 1946

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 86

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:
101 S High St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT

FULL NAME Myrtle L. 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 20 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Mid S. Bowlin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. Bowlin
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 Oct. 26, 1946
(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) 10-26-46 (b) RR Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 101 South High St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 24
year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 23
1946, to Oct 24 1946
that I last saw her alive on Oct 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Crown thrombosis
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature [Signature] (M. D. or other) DO
Address California, Mo. Date signed 10/24/46

202

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 3
District File Number
Date Filed 11-2-46

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 Frank R. Paulin

Licensed Embalmer No. 2126

*P. O. Address California, 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.