V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14876

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4673

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

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. Route #4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mable Bowlin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy Bowlin

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 26 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	9	11	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation California,Mo.

18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd

19. (a) MAY 8 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5-4-47 19 to 5-7-47 19 ;
that I last saw h[er] alive on 5-7-47 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis acute and chronic	
Due to Auricular fibrillation and L. Bundle Branch Block	
Due to Cardiac decompensation Terminal Pneumonia	
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 R. K. Andrews (M. D. or other)
Address 4932 Montgomery ... Date signed 5-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 1949

MAY 16 1942

SEP 1 1949

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.