

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg				2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bremen Rt. 1			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Bremen Rt. 1		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bremen Rt. 1				d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Benjamin Collins Bowles			4. DATE OF DEATH (Month) (Day) (Year) 11/11/64				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/24/1924		9. AGE (In years last birthday) 40	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William H. Bowles				14. MOTHER'S MAIDEN NAME Ruby Jordan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Clarence Bowles			
18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain Injury</i> 976x Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <i>Bullet Wound Right Temple</i> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>Shot himself with a 22 Cal. Rifle</i>				
21b. TIME OF INJURY Hour Month, Day, Year 11-11-64		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>out Back at Home</i>			21e. CITY, TOWN, OR LOCATION Rt. 1 - Bremen, Muhlenberg Co.		STATE Ky.
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00</u> p.m., from the causes and on the date stated above.					
23a. DATE SIGNED 11-12-64		23b. ADDRESS Central City, Ky. 1 Ky.			23c. SIGNATURE <i>Dr. V. Foster</i> Coroner		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/14/64		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove		24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.	
25a. DATE REC'D BY LOCAL REG. 11-16-64		25b. REGISTRAR'S SIGNATURE <i>Clarence Bowles</i>			26. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky.		