

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27907

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township 15th av
(c) City N.E. mo
(e) Length of residence in city or town where death occurred
yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 100
(d) Street No. General Hospital Registered No. 3218
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2033 E 15th St St.
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookbinder, etc. Widow's body
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER 13. NAME John Bowes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Rosmond Edward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE General Hospital, 8-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. Pascher

20. FILED Aug 14 1938 M. M. Ervine Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-38

22. I HEREBY CERTIFY, That I attended deceased from 7-8-38 to 8-13-38, 1938.
I last saw her alive on 8-13-38. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Papillary cystadenocarcinoma of ovary with general abdominal metastasis Date of onset

Other contributory causes of importance: 49a

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify _____
(Signed) P. H. De Maren, M. D.
(Address) Sept 15, C. J. Hospital 17th mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.