

NOV 21 1938

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

34670
Do not use this space.

1. PLACE OF DEATH

(a) County Jackman Registration District No. 399
(b) Township Kaw. Primary Registration District No. 11002
(c) City Kansas City (d) Street No. Entranceo Trinity Hosp. Registered No. 4006
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James. Bowden
(a) Residence, No. 2921 Michigan St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane E. Bowden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 59
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 9 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Armour & Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Wm Bowden

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

MOTHER 15. MAIDEN NAME Unk. Baird

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

17. INFORMANT (ADDRESS) Dorothy Bailey
2921 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Mh. Mariah DATE Oct 15 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eclair Funeral Home
711 E. 11th

20. FILED Oct 14 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-38 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Sept 1938, 19
I last saw deceased alive 8:00 PM Death is said to have occurred on the date stated above, at 8:00 PM.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Acute Coronary occlusion
Acute myocardial infarction
Rupture of the heart
Other contributory causes of importance:
Hypertension

Name of operation 95121 Date of Yes
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify 4
(Signed) Wm H. Hutto M. D.
(Address) Seal Hosp; A.C. No.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.