

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3920**

1. PLACE OF DEATH:
(a) County **Jackson** **NOV 14 1939**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **1318 E. 16 St.**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1318 E. 16 St.**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Annabelle Bowman**
(b) If veteran, name war **no**
(c) Social Security No. **no**

20. DATE OF DEATH: Month **Oct** day **7**
year **1939** hour _____ minute _____ M.

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Clarence Bowman**
6. (c) Age of husband or wife if alive **48 1/2** years
7. Birth date of deceased: **1900**

21. I hereby certify that I attended the deceased from **Sept 25 1939** to **Oct 7 1939**
that I last saw **alive** on **Oct 5 1939**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Interstitial Nephritis**

8. AGE: Years **39** Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to **131**
Due to _____

9. Birthplace **Alabama** **S. S. A. 1**

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings:
Of operations _____
Of autopsy **none**

11. Industry or business **no**

MOTHER FATHER
12. Name **Don't Know**
13. Birthplace **Don't Know**
14. Maiden name **Deesean**
15. Birthplace **Don't Know**

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 _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature **Minnie Smith**
(b) Address **618 Cottage Lane**

While at work _____
(Specify type of place) (e) Means of injury _____

17. (a) **Maple Hill** (b) Date thereof **10-11-39**
(c) Place: burial or cremation **Maple Hill Cemetery**

23. Signature **W. S. Suggenbeim** (M. D. _____)
Address **2207 E. 16 St.** Date signed **10/11/39**

18. (a) Signature of funeral director **Thos. M. Brown**
(b) Address **1905 Vine St.**

19. (a) **10/11/39** (b) **Th. M. Brown**
(Date received local registrar) (Registrar's signature)

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

N. B.—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.

1 X 1931

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.....

D. F. West

Licensed Embalmer No. *2710*

P. O. Address *19. C. 2410.*

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.