

38470

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4234

1. PLACE OF DEATH:

(a) County JACKSON 2
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3609 FOREST APT #6
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 28 yrs.
 years, months or days

3. (a) PRINT FULL NAME MR. ALBERT A. BOWMAN3. (b) If veteran, name war No 3. (c) Social Security No. 487-01-95174. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MRS. ANNA BOWMAN 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased NOVEMBER-23-1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 11 12 hr. min.9. Birthplace BANGOR MICHIGAN
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business MEAT & GROCERY12. Name DAVID BOWMAN13. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)14. Maiden name ELIZABETH Jones15. Birthplace Michigan
(City, town, or county) (State or foreign country)16. (a) Informant's own signature A. M. Bowman(b) Address 6128 TRACY AVENUE17. (a) REMOVAL (b) Date thereof NOV-7-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation PARSONS KANSAS18. (a) Signature of funeral director D. H. Newcomer Sen(b) Address 1401 BRUSH CREEK BLDG19. (a) Nov 6-39 (b) M. M. Brown
(Date relayed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3609 FOREST APT #6
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV- day 5TH
year 1939 hour 9:10 minute A. M.21. I hereby certify that I attended the deceased from Aug. 15 39
_____ 19 _____ to NOV-5 1939;
that I last saw him alive on NOV. 4 1939;
and that death occurred on the date and hour stated above.Immediate cause of death CIRRHOSIS OF LIVER Duration 1 YEARDue to UNKNOWNDue to 174Other conditions ASCITIS Duration 1 YEAR
(Include pregnancy within 3 months of death)Major findings: Of operations 0 PHYSICIAN _____Of autopsy 0 Underline the cause to 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? _____

36. While at work? 1 (Specify type of place) (e) Means of injury _____23. Signature A. C. Lutz (M. D. or other) M. D.Address 6744 PRISPOCT EC. MO. Date signed Nov. 5 39

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.

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Draughbell

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

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.