

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1448

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 423

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: 10 days
In this community life
years, months or days

3. (a) PRINT FULL NAME WILLIAM G. BOWMAN

3. (b) If veteran, name war none 3. (c) Social Security No. 486-10-9895

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence Bowman 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Sept 14 1896
(Month) (Day) (Year)

8. AGE: 43 Years 4 Months 15 Days If less than one day hr. _____ min. _____

9. Birthplace Pleasant Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Night Supt.

11. Industry or business Montgomery Ward Co.

12. Name John H. Bowman

13. Birthplace Jackson County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Black

15. Birthplace Texaco Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ms. Florence Bowman

(b) Address 11216 E. 10 St.

17. (a) Burial (b) Date thereof 1/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner Cem.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence Mo.

19. (a) Jan. 30, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 11216 East 10th St.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 40 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 1/19/40
to 1/29/40
that I last saw him alive on 1/29/40
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration 7 days

Due to Acute Perforative Appendicitis
Acute Localized Peritonitis

Due to 121 Duration 1 1/2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Acute Perforative appendicitis
Intestinal Obstruction

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

While at work _____ (Specify type of place) (e) Means of injury 1

23. Signature John H. Ogilvie (M. D. or other) _____
Address 730 Prof. Bldg Date signed _____

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

Raymond Martin, Registered Apprentice No. 199
working under my personal supervision.

Signed

Felix Perez

Licensed Embalmer No. H127

P. O. Address Independence, 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.