

13979

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

State File No. \_\_\_\_\_

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1691

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 5.5 yrs  
 years, months or days)

3. (a) PRINT FULL NAME Joseph F. Bowman 5503. (b) If veteran, name war No 3. (c) Social Security No. 495-09-9434. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Emilie Bowman 6. (c) Age of husband or wife if alive 49 years7. Birth date of deceased Sept 27<sup>th</sup> 1894  
(Month) (Day) (Year)8. AGE: Years 55 Months 6 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Printer

11. Industry or business \_\_\_\_\_

12. Name Landolin Bowman13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Mary15. Birthplace Germany (City, town, or county) (State or foreign country)16. (a) Informant's own signature J. F. Bowman(b) Address 2543 Quincy17. (a) Burial (b) Date thereof 4-24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Calvary, K.C. Kans.18. (a) Signature of funeral director H. F. Magberry(b) Address 2315 Linwood19. (a) 4-22-40 (b) M. M. Craue  
(Date received 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. 4012 East 12th. St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21  
year 1940 hour 12:30 P.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Dec. 29, 1939 to 4-21, 1940that I last saw him alive on 4-20, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Infarction Duration 4 daysDue to Embolic occlusion sup. mesenteric artery

Due to \_\_\_\_\_

Other conditions Coronary Artery with fibrous myocardium

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy The same22. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dickert M. Park (M. D. or other) \_\_\_\_\_Address 736 Ogden Date signed 4-21-40

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.

**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 \_\_\_\_\_

*Ray E. Snow*

Licensed Embalmer No. 2560

P. O. Address 2315 Linwood Blvd.

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.