

Registration District No. **399**

Primary Registration District No. **1002**

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

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:  
**601 West 57th Terrace**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **--**  
(Specify whether  
 In this community **86 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Cora S. Bower**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Mr. Henry Bower**  
 6. (c) Age of husband or wife if alive **--** years  
 7. Birth date of deceased **September 24 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 1 23** hr. min.

9. Birthplace **Shreveport Louisiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nurse**

11. Industry or business **--**

MOTHER FATHER  
 12. Name **Smith**  
 13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Clara Belle Robinson**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Creek**  
 (b) Address **601 West 57th Street Terrace**

17. (a) **Burial** (b) Date thereof **Nov. 18 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Son**  
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **11-18-40** (b) **M. M. Crow**  
(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")  
 Street No. **601 West 57th Terrace**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**  
 year **1940** hour **11** minute **30A.**

21. I hereby certify that I attended the deceased from **AUG. 2 '40**  
 19 **Nov. 16 '40** 19 **1940**  
 that I last saw her alive on **Nov. 16** 19 **1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **SCAR-ABS CA. RIGHT BREAST 5 YRS.**

Due to **50**

Due to **DIABETES**

Other conditions **DIABETES** (Include pregnancy within 3 months of death) **6 YRS.**  
 Major findings: Of operations **0**  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (e) Means of injury **1**

23. Signature **A. C. Zuitgard** (M. D. or other) **M. D.**  
 Address **6944 Pomeroy K.C.Mo.** Date signed **Nov. 16 '40**

6944 (revised)  
1-4

**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

*A. C. Newcomb*

Licensed Embalmer No.

4045

P. O. Address

*A. C. Newcomb*

**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, fact should be so stated above.**