

No. 2
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13581
Registrar's No. 1562

Registration District No. 399

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No 5301 State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5301 State Line
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1941 hour 6 P.M. minute -- M.

21. I hereby certify that I attended the deceased from
Feb 15, 1941 to April 19, 1941;
that I last saw her alive on April 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
apoplexy

Due to hypertension 12 yrs 3 yrs

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

Major findings:
Of operations _____
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULLNAME Stella Gillies Bowling

3. (b) If veteran, name war _____ 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ralph Bowling 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: July -- 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 0 _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Mgr. Mission Hill Country Club

11. Industry or business _____

MOTHER FATHER { 12. Name James C. Gillies

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lena Berkmeier

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Skil

(b) Address Lawrence, Kansas Ph 1802

17. (a) Removal (b) Date thereof 4-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director Stine-McClure

(b) Address K.C. MO.

19. (a) Apr 20 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Rosenbaum (M. D. or other) _____
Address 820 Prof Best Date signed 4/20/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.