

FILED JUL 7 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2438**

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:
2641 Forest Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **12 years** years, months or days)

3. (a) PRINT FULL NAME **Mrs. Della May Bowen**

3. (b) If veteran, name war **No** 3. (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 **David W. Bowen** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 17, 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Thomas V. Codington**

13. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Blanchard**
(City, town, or county) (State or foreign country)

15. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo Duvall**

(b) Address **Missouri Hotel**

17. (a) **Cremation** (b) Date thereof **6-30-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calwood Freeman Mortuary**

18. (a) Signature of funeral director _____

(b) Address **104 West 42nd Street**

19. (a) **6/27/41** (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 **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2641 Forest Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1941** hour **12:30** minute **4** M.

21. I hereby certify that I attended the deceased from **Jan 10th**, 19**31**, to **Jan 27th**, 19**41**
that I last saw him alive on **Oct 19**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to **Chronic Myocarditis 4 years**
Hypertension 12 years

Due to **Cerebral Hemorrhage 4 years**

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____

23. Signature **Joseph Eitchner** (M. D. or other) **19.10.**

Address **1216 Reatts Bldg** Date signed **6-27-41**

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

226390
2048

Rudolph Bely

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 *Clarence W. Chiles*
Licensed Embalmer No. *3473*
P. O. Address *76 E M O*

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.