

No. 2
13-40
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I-X2315

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24068
Registrar's No. 2607

FILED AUG 16 1941 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:
3535 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna S. Bowman
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Fe 1 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert A. Bowman 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct 16 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 25 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Sebastian Hornback
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Angeline Douglas
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant L. M. Bowman
(b) Address 6128 Tracy

17. (a) Removal (b) Date thereof 7-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Kansas

18. (a) Signature of funeral director J. W. Wagner
(b) Address K C Mo.

19. (a) 7-11-41 (b) M. M. Crowe
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3535 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1941 hour 1:15 minute A.M.

21. I hereby certify that I attended the deceased from 1935 to June 26, 1941;
that I last saw her alive on June 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death PRIMARY CANCER OF LIVER LKR

Due to 4/10/41

Due to 4/10/41

Other conditions (Include pregnancy within 3 months of death) 4/10/41
Major findings: Of operations
Of autopsy

Duration
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?

(Specify type of place) While at work? (e) Means of injury
23. Signature B. C. Lindgaard (M. D. or other) Thud
Address 6844 Pines Date signed

Wagner - 104559

Dr. Swartzgard

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. R. Haunschild

Licensed Embalmer No.

4159

P. O. Address.....

K. C. 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, fact should be so stated above.