

FILED SEP 12 1941

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2978

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limit, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town Buckner 0
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT Eleta May Bowling
FULL NAME

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chester Bowling 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 5, 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Jackson County Missouri (City, town, or county) - wife (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George W. McMinn
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Maggie Necessary Texas
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Chester Bowling
(b) Address Buckner Mo

17. (a) Burial (b) Date thereof 8-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Cemetery

18. (a) Signature of funeral director D. M. Kasper
(b) Address Buckner Mo Box 115

19. (a) 8/6/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1941 hour 6:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from April, 1941, to Aug, 1941;

that I last saw her alive on Aug 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
chronic (pneumonia)
Myocardial Degeneration Hyps
Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 100

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 D. W. Higgins (M., D., or other) 200
Address Buckner Mo Date signed 8/6/41

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

8
3
8

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 _____

~~working under my personal supervision.~~ Registered Apprentice No. _____

Signed

V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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, above space should be left blank.