

Registration District No. **399**

Primary Registration District No. **1002**

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:
2825 Monroe Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years**
In this community **20 Years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs. Cora Belle Bowers**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Edward Bowers** 6. (c) Age of husband or wife if alive **1885** years
7. Birth date of deceased **December 5 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 13 hr. min.

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

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Pierson Bowers**
13. Birthplace **Unknown / Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Etta Larrell**
15. Birthplace **Mavetta / Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed J. Bowers**
(b) Address **2825 Monroe**

17. (a) **Burial** (b) Date thereof **Sept. 20, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

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

19. (a) **9/18/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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. **2825 Monroe Avenue**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **18**
year **1941** hour **4** minute **00A.M.**

21. I hereby certify that I attended the deceased from **1932**
19____ to **Sept 18 1941**
that I last saw **him** alive on **Sept 17 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **mitral stenosis** Duration **15 yr.**
Due to **12/10**

Other conditions **chronic nephritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1318**
Of autopsy _____
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 **Walter S. ...** (M. D. or other) **0**
Address **502 ...** Date signed **9/18/41**

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

Dr. Walter J. H...
Prof. 1300
Bowers
11-30-12

Mrs.

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 W. H. Newcomer
Licensed Embalmer No. 4043
P. O. Address KC 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.