

FILED DEC 10 1941

Registration District No.

Primary Registration District No. 1001

Registrar's No. 1166

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution State Hosp. 422
(d) Length of stay: In hospital or institution 3 da
In this community 3 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler
(c) City or town Queen City
(d) Street No. 7
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME

L. E. V. D. BOWEN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dove Bowen 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased 1-27-1856

8. AGE: Years 85 Months 9 Days 29 hr. 50 min.

9. Birthplace Schuyler Co. Missouri.

10. Usual occupation Railroad employee

11. Industry or business Railroad Agent

12. Name Levi Bowen

13. Birthplace Pennsylvania

14. Maiden name Miriam Zoch

15. Birthplace Pennsylvania

16. (a) Informant Murray Bowen

(b) Address Kansas City, Mo.

17. (a) Removal (b) Date thereof Nov. 27, 1941

(c) Place: burial or cremation Queen City, Missouri

18. (a) Signature of funeral director Norman W. Sideman

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Nov. 27, 1941 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1941 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1941 to Nov. 26, 1941 that I last saw him alive on Nov. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Cardiac Decompensation
Due to Atherosclerotic Heart Disease

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

Major findings: Of operations 107
Of autopsy

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature David Edwards (M. D. or other) Address St. Joseph Date signed 11-30-41

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

MOTHER FATHER

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..... *Albert C. Harrington*.....
Licensed Embalmer No. *3258*.....
P. O. Address..... *St. Joseph, 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.