

3. No. 2  
4-13-40  
5-17-39  
PI X2115

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40957

State File No. \_\_\_\_\_

JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4635

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Missouri  
(c) Name of hospital or institution:  
3814 Harrison  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>  
(c) City or town 3814 Harrison <sup>9</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kansas City Missouri  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr Mathias BOWEN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 11 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John Bowen  
13. Birthplace Ireland <sup>4</sup>  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Irwin  
15. Birthplace Ireland <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant John Bowen  
(b) Address 3814 Harrison (City)

17. (a) Burial (b) Date thereof 12-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Independence

18. (a) Signature of funeral director Melody-McGilley  
(b) Address Kansas City Mo.

19. (a) Dec. 14 1941 (b) M. H. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13<sup>th</sup>  
year 1941 hour 10.10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from March 8 - 1940  
\_\_\_\_\_, 19\_\_\_\_ to Dec 13, 1941;  
that I last saw him alive on December 13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary edema  
Due to Chronic Myocarditis

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none made

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 Victor H. Bergman (M. D. or \_\_\_\_\_)  
Address 818 Lapeau (Prof) Date signed 12-13-41

(Licensed Embalmer's Statement on Reverse Side)

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

18  
20

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 14 1948

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.....

*[Handwritten Signature]*

Licensed Embalmer No.....

P. O. Address.....

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.