

FILED OCT 23 1942

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **115**

48
00

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

1. PLACE OF DEATH:

(a) County **Jackson County**
(b) City or town **Practic Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jackson County Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **561 Charlotte**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William E. Bowen**

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

4. Sex **male** 5. Color or race **white** 5. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased **October 6, 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **6** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Gen Labor**

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Reside Jackson County**

(b) Address **Little Blue, Missouri**

17. (a) **Anatomical** (b) Date thereof **10-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anatomical**

18. (a) Signature of funeral director **W. B. Langford**

(b) Address **See Burial**

19. (a) **Oct 15, 1942** (Date received local registrar) (b) **F. M. Schick** (Registrar's signature) **1162**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **13** year **1942** hour **6:45** minute **0** M.

21. I hereby certify that I attended the deceased from **10/12** 19**42** to **10/13** 19**42** that I last saw him alive on **10/13** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

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 **W. B. Langford** (M. D. or other)

Address **See Burial** Date signed **10-15-42**

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.B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit 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.