

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39562

State File No. ....

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4461

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 Mo. & 27 days  
(Specify whether  
In this community: 13 yrs.  
years, months or days)

3. (a) PRINT FULL NAME: John Bowman  
3. (b) If veteran, name war: No  
3. (c) Social Security No.: None

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Divorced  
6. (b) Name of husband or wife: Not obtainable  
6. (c) Age of husband or wife if alive: years  
7. Birth date of deceased: May 3 1892  
(Month) (Day) (Year)

8. AGE: Years: 50 Months: 6 Days: 28  
If less than one day: hr. min.

9. Birthplace: Monett Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: None

12. Name: James T. Bowman  
13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name: Sibbie Long  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Harry V. Bowman  
(b) Address: Lake Tapinwingo, Missouri

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof: Dec. 2, 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Mt. Moriah

18. (a) Signature of funeral director: [Signature]  
(b) Address: Kansas City, Missouri

19. (a) 12-2-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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.: 1204 Washington  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Dec. day: 1st  
year: 1942 hour: 5:00 A.M. M.

21. I hereby certify that I attended the deceased from 10-5-42, 19, to 12-1-42, 19;  
that I last saw him alive on 12-1-42, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Duration  
Cirrhosis of liver or metastatic carcinoma  
of sigmoid-diagnosis not confirmed by  
autopsy

Due to: 124B

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

Major findings: Of operations  
Of autopsy: None  
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: [Signature] (M. D. or other)  
Address: Led. Dir. C. Gen. Hospital Date signed:

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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.....

Licensed Embalmer No. 2939

P. O. Address H. C. 240.

**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.**