

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 439

Registration District No. 10/1049

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County \_\_\_\_\_

(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 8 days  
(Specify whether)

In this community No record  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL.") 9

(d) Street No. 919 Holmes  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Belle Bowes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12th 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th  
 year 1943 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1-18-43, 19\_\_\_\_, to 1-26-43, 19\_\_\_\_;  
 that I last saw her alive on 1-26-43, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

|    |   |    |                      |
|----|---|----|----------------------|
| 66 | 6 | 14 | _____ hr. _____ min. |
|----|---|----|----------------------|

Immediate cause of death: Cirrhosis of liver or carcinoma of liver

Due to \_\_\_\_\_ 46 J

Due to \_\_\_\_\_

9. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleswoman

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business own PRODUCT

12. Name George Clam

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

Of autopsy None

MOTHER FATHER { 13. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Francie

15. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant \_\_\_\_\_

(b) Address K.C. Gen. Hospital

17. (a) Remove (b) Date thereof 1/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norfolk Arkansas

(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? \_\_\_\_\_

18. (a) Signature of funeral director Snow Mayberry

(b) Address 2315 Lawrence

19. (a) Jan 28/43 (b) M. M. Crowe  
(Date received local Registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Dwight R. Thom (M. D. or other) \_\_\_\_\_  
 Address ed. Dir. K.C. General Hospital Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

*Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address *K. O. 7th*

**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.**