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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAR 20 1943/9

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3628 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community 30 years years, months or days)

3. (a) PRINT FULL NAME John H. Bowman

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

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

6. (b) Name of husband or wife Ava Bowman 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 10 1859
(Month) (Day) (Year)

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

83 7 29 30 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name John P. Bowman

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

14. Maiden name Marinda Finch

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

16. (a) Informant Mrs. Ava Bowman

(b) Address 3628 Brooklyn, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-10-43 (Date received local registrar) (b) M. M. Crome (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. 3628 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1943 hour 4:30 minute a. M.

21. I hereby certify that I attended the deceased from Sept 42 to near 9
that I last saw him alive on near 8 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 5 da

Due to Carcinoma of Esophagus about 1 year

Due to 46 E

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma

Of autopsy Carcinoma

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? (Specify type of place) Means of injury

23. Signature John P. Bowman (M. D. or other) 3/10/43
Address 814 Professional Bldg Date signed

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

Dr. Dean Rising

will be done

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

E. M. Plank

Licensed Embalmer No.

1848

P. O. Address

711 E. 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.