

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13056
State File No. _____
Registrar's No. 1803

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

FILED MAY 5 1943
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
1215 West 63rd Terrace, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 50 years, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Minnie Wood Bowman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jacob A. Bowman 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July 25 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 20 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Adam C. Wood,
13. Birthplace Long Island, / (City, town, or county) (State or foreign country)
14. Maiden name Sarah Stevenson,
15. Birthplace Kentucky, / (City, town, or county) (State or foreign country)

16. (a) Informant Jacob A. Bowman,
(b) Address 1215 W. 63rd Ter., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-16-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 West 63rd Terrace, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1943 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec-24 to April 15 1943.
that I last saw him alive on April-15 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration

Due to Coronary Arteriosclerosis + Hypertension 12 yrs.

Due to 9440

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 M. M. Browne M.D. or other M.D.
Address Kansas City, Mo. Date signed 4/16/43

Dr. H. P. Boughnow

Miss Ruggs, R.M.

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

working under my personal supervision.

Registered Apprentice No.

Signed

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.