

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

20254

Registrar's No.

2690

Registration District No.

Primary Registration District 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:  
309 East 48th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lillie Mae Bowman

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Joseph Clyde Bowman (c) Age of husband or wife if alive 14 years

7. Birth date of deceased February 14 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 3 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Tom Clark  
13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Magdeline Herrington  
15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Andrew Suttles

(b) Address 309 E. 48th Street

17. (a) Burial (b) Date thereof June 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-18-43 (b) P. E. Brown  
(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. 309 East 48th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
year 1943 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him Physician and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration

Due to Thrombopericardium

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy See Above

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)

23. Signature D. E. Upsher (M.D. or other)

Address 23rd Date signed 6/11/43

*Barnard*

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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

*H. C. Newberry*

Licensed Embalmer No. *4043*

P. O. Address. *H. C. Newberry*

**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.**