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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40344

FILED DEC 22 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5153

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:
General Hosp. No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-23-43-11-25-43 (Specify whether
In this community 40 Yrs.
years, months or days)

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") 8

(d) Street No. 730 Campbell
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES BOWMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 4 (Day) 1896 (Year)

8. AGE: Years 47 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Vicksburg (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Leeds (Burial, cremation, or removal) (b) Date thereof 12-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A Lohmeyer

(b) Address City Mortician

19. (a) 12-7-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1943 hour 3:05 minute P M.

21. I hereby certify that I attended the deceased from August 23, 1943, to November 25, 1943; that I last saw him alive on November 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the left Antrum of Highmore with generalized Metastasis

Due to

Due to 55d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. A. Brown (M. D. or other)

Address General Hospital #2 600 E 22nd St. Date signed 11-26-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.