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35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1244  
State File No. \_\_\_\_\_  
Registrar's No. 409

Registration District No. 149 Primary Registration District No. 1002

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:  
5024 E 6th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 18 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5024 E 6th (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Davis Bowen  
3. (b) If veteran, name war mc 3. (c) Social Security No. mc

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mabel Bowen 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Dec 27 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Wis. 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Jas Edgar Bowen

13. Birthplace Va 1 (City, town, or county) (State or foreign country)

14. Maiden name Martha Clark

15. Birthplace Pa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Bowen

(b) Address 5024 E 6th

17. (a) Removal (b) Date thereof Jan 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Judith Wis.

18. (a) Signature of funeral director M. R. Foster

(b) Address 218 Brooklyn

19. Jan 25 1944 (Date received local registrar) (b) J. B. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1944 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 19  
1944, to Jan 24 1944  
that I last saw him alive on Jan 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bunch pneumonia  
Asphyxia

Duration  
2 days  
5 days

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

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

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.  
33a

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 C. W. Ross (M. D. or other) MD

Address 1038 E. Edgewood Date signed 1-25-44

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Ralph W. Runnels  
Licensed Embalmer No. 3860  
P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

120  
5 pm