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FILED JAN 19 1944 149
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:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-14-43 + 12-31-43
(Specify whether)
 In this community 12 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell ¹³
 (c) City or town Hamilton
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Florence Bowser
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 31
 year 1943 hour 6 minute 40 P. M.
 21. I hereby certify that I attended the deceased from Oct 27-43
Dec-21 to Dec-31 1943
 that I last saw her alive on Dec-31 1943
 and that death occurred on the date and hour stated above.

5. Color or race Female / Wh
 6. (a) Single, widowed, married, divorced Wid
 6. (b) Name of husband or wife J. B. Bowser
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Aug 23 1898
(Month) (Day) (Year)

Immediate cause of death Uremia
 Due to Chronic Nephritis
Hypertension
 Due to _____
 Other conditions 1316
(Include pregnancy within 3 months of death)

8. AGE: Years 45 Months 5 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Bramley Clark
 (b) Address Kingston 770
 17. (a) Burial (b) Date thereof 1-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Bramley Clark
 (b) Address Kingston 770
 19. (a) Dec 31 1943 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 T. E. Brown (M. D. or other) Med
 Address Ke mo Date signed 1/1/44

WRITE PLAINLY—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.....

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.