

FILED MAR 18 1944

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 1025

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution: Research Hosp. O
(d) Length of stay: In hospital or institution 2 wks 3 days
In this community 2 wks 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town LIBERTY - R.P.D.
(d) Street No.
(e) Citizen of foreign country? 1

3. (a) PRINT FULL NAME John William Bowles

3. (b) If veteran, name war NO 3. (c) Social Security No. 496-10-2676

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

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 9/2/11 28 1874

8. AGE: Years 69 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Jackson Kansas

10. Usual occupation Smith Wood Lumber Co

11. Industry or business Lumber Yard

12. Name Isaac Bowles

13. Birthplace Jackson Kansas

14. Maiden name Fannie Osborne

15. Birthplace Indiana

16. (a) Informant F. S. Bowles

(b) Address Parkville Mo

17. (a) Burial (b) Date thereof 2-11-44

(c) Place: burial or cremation HEAVEN Mo.

18. (a) Signature of funeral director Leonard Fry

(b) Address Heaven Mo.

19. (a) 3-4-44 (b) P. C. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1944 hour 5:00 minute PM M.

21. I hereby certify that I attended the deceased from 2-23-44 to 3-4-44 that I last saw him alive on 3-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death Certified to heart failure

Due to operation for intestinal obstruction

Due to Cancer in the small intestine

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 462

Of autopsy

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)

(a) Means of injury

23. Signature Walter Belmont (M.D. or other)

Address 1132 Prof Hwy Date signed 3/4/44

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..... *Leonard Fay*

Licensed Embalmer No. *1677*

P. O. Address..... *Keamsy MO*

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.