

FILED AUG 9 1944

Registration District No. 200

Primary Registration District No. 6225

Registrar's No.

113

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. No. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Permanently (Specify whether
years, months or days)

3. (a) PRINT
FULL NAME

John F. Bowman

3. (b) If veteran,

name war unk.

3. (c) Social Security

No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine G. Bowman

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

7. Birth date of deceased. May 2 1859
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

85 2 0

hr. min.

9. Birthplace

Joliet - Ills.
(City, town, or county)

(State or foreign country)

10. Usual occupation

Palisman

11. Industry or business

12. Name John Adam Bowman

13. Birthplace Utica N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Owen
(City, town, or county) (State or foreign country)

15. Birthplace Utica N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof July 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Allen D. Edgar

(b) Address Nevada Missouri

19. (a) 7-5-44 (b) Dazel B. Beurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 108
(If outside city or town limits, write "RURAL")
(d) Street No. 3128 Oak St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1944 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6-23-'44

19 to 7-2-1944 19

that I last saw him alive on July 2 - 1944 19
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis with
Cerebral Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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)

(d) Means of injury MD

23. Signature R.B. Hester (M. D. or other)

Address Nevada Mo Date signed 7-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 71
District File Number 7-44-910
Date Filed 8-2-44

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

Allen J. Karp

Licensed Embalmer No.

1968

P. O. Address

Nevada 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.