

FILED NOV 16 1944 149 Primary Registration District No. 22354 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson County  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wheatley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether  
In this community about 1 week 0  
years, months or days)

3. (a) PRINT FULL NAME CAMPBELL R. BOWMAN

3. (b) If veteran, name war None 3. (c) Social Security No. 509-10-9365

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annabelle Bowman 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased December 14 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 10 9 hr. min.

9. Birthplace Muskogee Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Car penter

11. Industry or business A. T. & S. F. Shops

MOTHER FATHER

12. Name Bart Bowman

13. Birthplace unknown Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Olie Finns

15. Birthplace Calhoun Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annabelle Bowman  
(b) Address 218 East Norris

17. (a) Burial (b) Date thereof 10-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Gaines & Son

(b) Address 1182 Buchanan St. Topeka, Kan.

19. (a) Nov 5 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee 990  
(c) City or town Topeka 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 East Norris 10  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
year 1944 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from October 18 1944 to October 22 1944;  
that I last saw h. im alive on October 22 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gunma of Brain Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 30c

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1830 Vine Date 10/28/44

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

NOV 16 1944

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, Emmett E. Bufford, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Emmett E. Bufford

Licensed Embalmer No. 2680

P. O. Address Topeka, Kans

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.

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: Wheatley Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr  
(Specify whether  
In this community alt 1 wk.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee  
(c) City or town Topeka  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 East Norris  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Campbell R. Bowman

3. (b) If veteran, name war none 3. (c) Social Security No. 509-10-936

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Annabelle 6. (c) Age of husband or wife if alive unk year

7. Birth date of deceased Dec 14 1905  
(Month) (Day) (Year)

8. AGE: Years 29 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Muskogee Okla.  
(City, town or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business S. S. & S. J. Skape

12. Name Bart Bowman

13. Birthplace unk Okla.  
(City, town or county) (State or foreign country)

14. Maiden name Olivia Jimma

15. Birthplace Calhoun Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Belle Bowman

(b) Address 218 East Norris

17. (a) buried (b) Date thereof 10-26-44  
(Burial, ~~cremation~~) (Month) (Day) (Year)

(c) Place: burial or cremation mt auburn cem.

18. (a) Signature of funeral director James J. Lane

(b) Address 1182 Buchanan Taylor

19. (a) 10-21-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 22 1944  
year 1944 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 18  
Oct 22, 1944  
that I last saw him alive on Oct 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Gumma of Brain  
Duration \_\_\_\_\_

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

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

Other conditions 30c  
(Include pregnancy within 3 months of death)

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

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(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)  
(c) Means of injury \_\_\_\_\_

23. Signature P. C. Turner (M. D. or other) \_\_\_\_\_

Address 1830 Univ Date signed 10-28-44

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

PERMANENT

1944

S-39995

Book

3-1-1944