

FILED JUN 11 1945
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2333

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

1. PLACE OF DEATH: **Jackson**
 (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:
1414 Euclid, 1st Floor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1414 Euclid, 1st Fl.**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Eva Lee Bowman**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **29**
 year **1945** hour **9:15** minute **A.** M.

4. Sex **Fe** 5. Color or race **Col**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Arthur Bowman**
 6. (c) Age of husband or wife if alive **27** years
 7. Birth date of deceased **August 27, 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-15-44**
 to **5-29**, 19**45**
 that I last saw him alive on **5-29**, 19**45**
 and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **9** Days **2**
 If less than one day hr. _____ min. _____

Immediate cause of death
**Ac. Myocardial Infarction
 (benign fibroid tumor)**
 Due to _____
 Due to **Left Hemiplegia (m.m.a.)**

9. Birthplace **Independence Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **83 d.**
 Of autopsy _____

11. Industry or business _____
 12. Name **Tillman Jackson**
 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Hattie Younger**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Lutie Howard**
 (b) Address **1414 Euclid**
 17. (a) **burial** (b) Date thereof: **6/2/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

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 _____

(c) Place: burial or cremation **Woodlawn, Indep., Mo.**
 18. (a) Signature of funeral director **Wathkins Bros.**
1729 Lydia
 (b) Address _____
 19. (a) **5-31-45** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Geraldine Holmes** (M. D. or other)
 Address **207 Lincoln Bldg** Date signed **5/31/45**

