

S. No. 2
DM-5-43
v. 5-17-39
I X38671

22821

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3192**

FILED AUG 13 1945
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **KANSAS City**
(c) Name of hospital or institution: **Faultless Laundry 1943 Broadway**
(d) Length of stay: In hospital or institution **3 yr.**
In this community **3 yr.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **Essoy Hotel 844 Locust**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **William Bowen**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **486-01-4697**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **29** year **1945** hour **7** minute **40 A.**
21. I hereby certify that I attended the deceased from **Caron** 19____ to 19____
that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ellen Bowen** **6. (c) Age of husband or wife if alive** **64** years
7. Birth date of deceased. **Aug. 31** **1880**

Immediate cause of death. **Multiple stab wounds left chest**
Due to **burst chest**
Other conditions **167**
Major findings:
Of operations _____
Of autopsy **yes - as above**

8. AGE:	Years	Months	Days	If less than one day
	64	10	28	hr. _____ min. _____

9. Birthplace **Dallas Tex** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Watch Man**

11. Industry or business **Faultless Laundry**

12. Name **Wm Bowen**

13. Birthplace **Miss Mis** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Lebanth Jones**

15. Birthplace **Madison Mis** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ella Bowen**

(b) Address **6602 Penn**

17. (a) Removal **(b) Date thereof** **7/30/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chillicothe MO**

18. (a) Signature of funeral director **Parsonic Bro.**

(b) Address **19000 City MO**

19. (a) 7-30-45 **(b) Sheldine Holme**
(Date received local registrar) (Registrar's signature)

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) **Homicide**
(b) Date of occurrence **7-29-45**
(c) Where did injury occur? **1943 Broadway 100 Jackson, MO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place)
While at work? **yes** (e) Means of injury **Knife?**
23. Signature **Jamuel Walker** **(M.D. or other)** **Caron**
Address **1424 Penn Blvd** Date signed **7-30-45**

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..... *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address..... *12 C 2nd*

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.