S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1945

State File No. 22823

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2884

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: Kansas City Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 3 days (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1429 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bennie Bowie
3. (b) If veteran, name war no
3. (c) Social Security No. 448 169 584
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1924 (Year)
8. AGE: Years 20 + 9 Months 11 Days 20 If less than one day hr. min.
9. Birthplace Durant (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Laborer
11. Industry or business General Municipal Labor
FATHER
12. Name Gus Bowie
13. Birthplace Louisiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosie Hill
15. Birthplace Beggs (City, town, or county) Oklahoma (State or foreign country)
16. (a) Informant Record Clerk
(b) Address Kansas City TB Hospital
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dustin, Okla.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th. St.
19. (a) 7-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from April 30, 1945 to July 5, 1945 that I last saw him alive on July 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis approx	3 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13 b	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. L. Coffman (M. D. or other) M.D.
Address Kansas City Mo. Date signed 7-7-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE INK

10. Usual occupation: LABORER

11. Industry or business:

FATHER
12. Name: BOWIE GUS
13. Birthplace: (City, town, or county) LOUISIANA (State or foreign country)

MOTHER
14. Maiden name: HILL ROSIE
15. Birthplace: BEGGS (City, town, or county) OKLAHOMA (State or foreign country)

16. (a) Informant: ITCTB HOSPITAL
(b) Address: LEED'S, MISSOURI

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Austin OKla.

18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12TH K.C. MO.

19. (a) (Date received local registrar) (b) (Registrar's signature)

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) (e) Means of injury:

23. Signature: Walter E. Koontz (M. D. or other)
Address: K.C. Tuberculosis Hosp. Date signed July 5-45

(Licensed Embalmer's Statement on Reverse Side)

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.

1945
S-22823

Signed A. T. Moore

Licensed Embalmer No. 946

P. O. Address.....

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.