

FILED SEP 20 1945

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:
St Marys Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 997
(c) City or town Kansas City 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 39th. ave. 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Bowen

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward E. Bowen 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 19 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>25</u>	<u>13</u> hr. min.

9. Birthplace Rosedale Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name John Bousman

13. Birthplace no record Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McDaniels

15. Birthplace Wyandotte Co. Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Edward E. Bowen

(b) Address 1716 39th. Ave. K. C. Kans.

17. (a) Burial (b) Date thereof 9/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd

19. (a) 9-4-45 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1945 hour 5:00 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 10 1944 to Sept 2 1945
that I last saw her alive on 9/2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Hypostatic Pneumonia Duration 10 days
Due to Myocarditis. 18 mo

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93 d. PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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 P. J. O'Connell MD
23. Signature P. J. O'Connell (M. D. or other) MD
Address 227 Purple Bldg. Date signed 9/4/45

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

48
3
8

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. *3991*

P. O. Address *309 E 67 St*

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.

X.P.M.O.