

No. 2
8-13
17-39
X37825

Registration District No. **155**

Primary Registration District No. **5579**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Marion Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether)

In this community 2 months
years, months or days

3. (a) PRINT FULL NAME Edward Monroe Bowen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Otis E. Bowen

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

14. Maiden name Mary Paul

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

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof 2/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 10/5A. Oaktop

18. (a) Signature of funeral director Wedge James

(b) Address North City Mo

19. (a) FEB. 6; 46(b) (b) D.L. Stratchell
(Date received local registrar) (Registrar's signature)

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. 701 East 66th Terrace
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1946 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Feb 5 1946
that I last saw him alive on Jul 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Pulmonary

Due to _____

Due to _____

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

Major findings:
Of operations _____
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 _____

Signature James E. Sawyer (M. D. or _____)

Address North City Mo Date signed 2/3/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

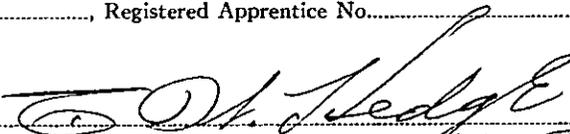
MOTHER FATHER

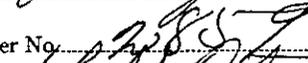
H6-2-170

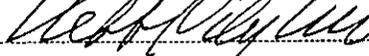
STATEMENT BY LICENSED EMBALMER

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.