No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 99284

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1147

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

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: 1121-EAST-11TH STREET-3RD FLOOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------
In this community 58 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. 1121-EAST-11TH STREET-3RD FLOOR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME EDGAR ALLEN BOWEN
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-05-3214
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. FLORENCE BOWEN
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased MAY (Month) 7 (Day) 1875 (Year)

8. AGE: Years 70 Months 10 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace SPRINGFIELD (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation STATIONARY ENGINEER
11. Industry or business UNITY SCHOOL OF CHRISTIANITY
MOTHER or FATHER
12. Name UNKNOWN BOWEN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Wife Florence Bowen
(b) Address 1121 E. 11 St.
17. (a) ~~BURIAL~~ Cremation (Burial, cremation, or removal) (b) Date thereof MAR-9-1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ D.H. Newcomers Sons
18. (a) Signature of funeral director D.H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 3-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7TH year 1946 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 16-1945 to March 7 1946 that I last saw him alive on March 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Pernicious Anemia — Duration
Due to: M. M. Colitis
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1200cc
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 R B Bishop M.D.
Address 913 Main St. Date signed 3/8/46

(Licensed Embalmer's Statement on Reverse Side)

Bldg. 913 Room

APR 5 1946

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. Mo.

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.