

FILED MAY 20 1946

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 2 months
years, months or days)

3. (a) PRINT FULL NAME Betty Mae Bowman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 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: Mar 6 1946
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace K. C. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Henry A. Bowman

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

14. Maiden name Mary Victoria

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K. C. Mo.

19. (a) 5-8-46 (b) Steraldine Holmes
(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. 2117 Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1946 hour 5: minute 10 P. M.

21. I hereby certify that I attended the deceased from May 2, 1946, to May 6, 1946; that I last saw h. or alive on May 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Possible Intestinal Obstruction Duration _____

Due to Regional Ileitis - Congenital

Due to Crohn disease

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

Major findings: 157 g
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? _____ (Specify means of injury) _____

23. Signature Edrank E. Lee (M. D. or other) MD
Address General Hospital No. 2 Date signed 5/7/46

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..... *A. T. Moore*

Licensed Embalmer No. *948*

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.