S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23505

FILED AUG 14 1946

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 3292

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:
2700 Tracy Conv. Home!!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1864 Agnes ave. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Curt Bowlin
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Bowlin
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept (Month) 5th (Day) 1862 (Year)
8. AGE: Years 83 Months 10 Days 23 If less than one day hr. min.
9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired, Armour Packsing Co.
11. Industry or business
MOTHER FATHER
12. Name Noah Bowlin
13. Birthplace (City, town, or county) unknown (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Laura Bowlin
(b) Address 1864 Agnes ave. Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Mrs. C. L. Forster, Funeral Home
(b) Address 918 Brooklyn ave.
19. (a) 7-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 15, 1946, to July 28, 1946 that I last saw him alive on July 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-Seterosis & Cerebral hemorrhage	several years
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frederick E. Wade (M. D. or Coroner) MD
Address 306 E 12th St Date signed July 29, 1946

(Licensed Embalmer's Statement on Reverse Side)

Kr. G. Wade
Aggrle Ha. 8242

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 Joe B. Yoder

Licensed Embalmer No. 4173

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.