

**FILED NOV 5 1946**  
 Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **(If outside city or town limits, write "RURAL" and name of township)**  
 (c) Name of hospital or institution: **K.C. Gen. Hospital No. 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
 In this community **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Herbert Bowman**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **unknown**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Clara Bowman**  
 6. (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased **Dec-22-1881**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **27** If less than one day hr. min.

9. Birthplace **Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Elevator Operator**

11. Industry or business

12. Name **Ray, Bowman**

13. Birthplace **no Record**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mattie Andrews**

15. Birthplace **no Record**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sidney B Pease**

(b) Address **5605 1/2 Park**

17. (a) **Burial** (b) Date thereof **Oct 21-1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C. L. Foster**

(b) Address **918 Brooklyn**

19. (a) **10-21-46** (b) **Heraldine 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. **423 Grand Avenue**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **19th** year **1946** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **10-18-46** to **10-19-46**, 19\_\_\_\_; that I last saw him alive on **10-19-46**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **938**

Major findings:

Of operations

Of autopsy **None**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Med. Dir. K.C. Gen. Hosp. K.C. Mo** (M. D. or other) **md**  
 Address Date signed

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

Dr Barry

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**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 W. H. Rice

Licensed Embalmer No. 25720

P. O. Address. K. O. 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.**