

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

FILED NOV 12 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4554

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. 1-0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week.  
(Specify whether in this community years, months or days) unknown

3. (a) PRINT FULL NAME Jessie Bowman

3. (b) If veteran name was Don't know

3. (c) Social Security No. Do not know

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Do not know

6. (b) Name of husband or wife

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

7. Birth date of deceased 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>			hr. min.

9. Birthplace Do not know  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Do not know

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner office

(b) Address K C Mo

17. (a) Cremation (b) Date thereof Oct 30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cemetery

18. (a) Signature of funeral director Panastro Bros

(b) Address 12 S Mo

19. (a) 10-30-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 538 1/2 Main  
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Fracture Left Hip  
Due to Cause unknown.

Other conditions (Include pregnancy within 3 months of death) 1952

Major findings: Deputy Coroner

Of operations \_\_\_\_\_

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) unknown

(b) Date of occurrence 10/18/46

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
R unknown

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury trauma

23. Signature A. E. Usher (M. D. or other)  
Address 784 D Main Date 10/28/46

MOTHER FATHER

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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..... *Francis Walton* .....

Licensed Embalmer No. *2744* .....

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.**