

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  
(c) Name of hospital or institution:  
5525 ROCKHILL ROAD  
(d) Length of stay: 25 YEARS  
In this community 25 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 5525 ROCKHILL ROAD  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MR JAMES IGNATIUS BOWES  
(b) If veteran, name war SPANISH-AMERICAN  
(c) Social Security No. 510-05-6864

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. ELIZABETH BOWES  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased NOVEMBER 6 1877

8. AGE: Years 69 Months 2 Days 25  
If less than one day, hr. min.

9. Birthplace: OMAHA NEBRASKA  
10. Usual occupation CATTLE BUYER (RETIRED)  
11. Industry or business CUDAHAY PACKING CO.  
12. Name STEPHEN BOWES  
13. Birthplace IRELAND  
14. Maiden name ANNA QUIGLEY  
15. Birthplace IRELAND

16. (a) Informant Mrs. Elizabeth Bowes  
(b) Address 5525 Rockhill Road  
17. (a) Burial (b) Date thereof Feb 3, 1947  
(c) Place: burial or cremation CALVARY CEMETERY  
18. (a) Signature of funeral director D. H. Newcomer, Sene  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 2-3-47 (b) St. Valentine Holmes

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JANUARY day 31 year 1947 hour 9 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Jan 20 1947 to Jan 31 1947  
that I last saw him alive on Jan 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 4 yrs  
Duration

Due to  
Due to  
Other conditions: Cholelithiasis  
gall stones  
Major findings: none  
Of operations  
Of autopsy

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?  
(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 [Signature] (M.D. or other)  
Address 4050 Broadway Date signed Jan 31/47

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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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address. Kansas City, 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.**