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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8927

Registrar's No. 1266

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: 0
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL") 8

(d) Street No.: 4015 Harrison
(If rural, give location)

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

3. (a) PRINT FULL NAME: Clara Bowman

3. (b) If veteran, name war: ---- no.

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

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: April 25, 1887 (Month) (Day) (Year)

8. AGE: Years 59 | Months 10 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Retired Clerk

11. Industry or business: County Assessors Office

FATHER
12. Name: Jacob Bowman (Buman)
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Emma Kusman
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs Ernest H. Shaw 1
(b) Address: 4015 Harrison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's

18. (a) Signature of funeral director: Thos. E. Quirk
(b) Address: 4316 Troost Ave

19. (a) 3-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 9 minute 32 A. M.

21. I hereby certify that I attended the deceased from March 8, 1947, to March 18, 1947 that I last saw her alive on March 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 0 (1) 3 (2)

Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 0

23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed 3-19-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lasley

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 Thomas E. Quirk

Licensed Embalmer No. 3775

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.