No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24093

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3208

WRITE PLAINLY—USING 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: 4004 Troost Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 Years
years, months or days)

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.: 4004 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME: EDWIN S. BOWERS

3. (b) If veteran, name war: No

3. (c) Social Security No.: 496-26-2227

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Georgia Bowers

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

7. Birth date of deceased: Nov. 27, 1867 (Month) (Day) (Year)

8. AGE: Years 79 | Months 8 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: Kokomo, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Western Union Co.

FATHER
12. Name: William Y. Bowers
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Bateman
15. Birthplace: Zanesville, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. Y. Palmer
(b) Address: 4004 Troost Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 8-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 7-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1947 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 1/ 1/ 1937 to 7/30 1947; that I last saw him alive on 7/30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: Arteriosclerosis

Due to: [illegible]

Other conditions: Psoriasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 94a
Of autopsy:

Duration

PHYSICIAN

Underline the cause of 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: J. W. Hallberg (M. D. ~~or other~~)
Address: 286 Plaza Theatre Date signed 7/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

KC, mr

[illegible]
231 W. 47
Wa. 3631
St. Louis

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.