

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38023**
Registrar's No. **5130**

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 Bellefontaine
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
In this community 24 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 Bellefontaine **8**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME MARVIN R. BOWEN

3. (b) If veteran, name war no
3. (c) Social Security No. 510-07-2650

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie
6. (c) Age of husband or wife if alive No Record

7. Birth date of deceased. Dec 29 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 6 hr. min.

9. Birthplace Parsons Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Griffin Wheel Foundry

MOTHER FATHER {
12. Name Israel Bowen
13. Birthplace Centralia Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Celestia Cunningham
15. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant O. C. Streeter
(b) Address Parsons Kansas

17. (a) Removal (b) Date thereof 12-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parsons Kansas

18. (a) Signature of funeral director O. W. & T. Co.
(b) Address 20 W. Linwood

19. (a) 12-6-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1947 hour 1:30 minute 9 M.

21. I hereby certify that I attended the deceased from born, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
bronch pneumonia

Due to blue sputum

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 942

Major findings:
Of operations _____
Of autopsy yes as above

Duration _____
PHYSICIAN _____
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? _____

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

23. Signature James M. Miller (M.D. or other) _____
Address 1424 My My Date signed 12-6-47

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.....

Francis L Fisher

Registered Apprentice No. *47*

working under my personal supervision.

Signed.....

Howard W Farmer

Licensed Embalmer No. *4134*

P. O. Address *Danvers City Md*

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.