No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

8588

State File No.

Registrar's No. 1052

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:
3724 Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community since 1904
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3724 Broadway 5
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Ray Taylor Bowling

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

3. (c) Social Security No. no.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Colleen Fowler Bowling

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

7. Birth date of deceased December 22 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days ~~14~~ 13 If less than one day hr. min.

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

10. Usual occupation Real Estate

11. Industry or business x

FATHER
12. Name George E. Bowling 2
13. Birthplace unknown /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie McBride 9
15. Birthplace unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Colleen Fowler Bowling
(b) Address 3724 Broadway, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1948 hour minute M.

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

	Duration
Immediate cause of death: Cerebral Malacia of basal ganglia	
~~Due to~~ Rheumatic heart	
~~Due to~~ disease c̄ mitral & aortic stenosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 15
Of autopsy Same

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 0

23. Signature E. C. H. Schmidt (M. D. or other)
Address St. Luke's Hospital Date signed 6 March 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address KC, 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.