

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19390  
Registrar's No. 2457

Registration District No. 199

Primary Registration District No. 100.2

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:  
At Home 2212 E. 34th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community unknown  
years, months or days

3. (a) PRINT FULL NAME Mollie C. Bowman

3. (b) If veteran, name war ✓ no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 25 1861  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 15  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Osceola Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name George Foster  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Adahne Rice  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant George Bowman

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo. Newton Cem.

18. (a) Signature of funeral director Alvin D. Adams

(b) Address Nevada Mo.

19. (a) 6-12-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 2212 E. 34th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 1948  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9  
26 1947 to 6-10 1948  
that I last saw her alive on 6-8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Strenia Duration 1 week

Due to Carcinoma of right breast 1 year

Due to \_\_\_\_\_  
Other conditions: Fracture left hip 2 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 50  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ Means of injury D

33. Signature Robert Jensen (M. D. or other)  
Address 2220 E. 31st St Date signed 6-10-48

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

MOTHER FATHER

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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.....

Licensed Embalmer No. 1968

P. O. Address.....

Nevada, 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.**