

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26832

Registrar's No. 3494

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3494	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 1 64 YRS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		40	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6212 E. 11th St				d. STREET ADDRESS (If rural, give location) 6212 E. 11th St			
3. NAME OF DECEASED (Type or Print) Edward		a. (First) W.		b. (Middle) Bowman		c. (Last)	
4. DATE OF DEATH 8 12 49		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 18/3/64		9. AGE (in years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Insp for R.R.		11. BIRTHPLACE (State or foreign country) Lincoln Ill.	
10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Lincoln Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joshua Bowman	
13b. MOTHER'S MAIDEN NAME Sophia McGee		14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am.		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Leierich		ADDRESS 6212 E. 11th St		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease				INTERVAL BETWEEN ONSET AND DEATH 3 years			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				3 years			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 5, 1949, to Aug 12, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 8:25 P. m., from the causes and on the date stated above.							
23a. SIGNATURE C.W. Rose		(Degree or title) M.D.		23b. ADDRESS 1039 E. Edgewood, K.C. Mo		23c. DATE SIGNED 8/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/15/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Jackson Missouri	
DATE REC'D BY LOCAL REG. 8-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home		ADDRESS 6606 Rndge Ave.	

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

103 N. Edmunds St

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles E. Mayfield

Licensed Embalmer No. 46518

P. O. Address W.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.