

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5111

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

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural KC Mo (Blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8607 Wilson Rd		d. STREET ADDRESS (If rural, give location) 8607 Wilson Rd. #80	
3. NAME OF DECEASED (Type or Print) a. (First) Menerva b. (Middle) J c. (Last) Bowerman		4. DATE OF DEATH (Month) (Day) (Year) 2-5-50	
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/31/1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Clark	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Robert T. Greener		ADDRESS KC Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation - 1 month DUE TO (c) Chronic Myocardial Infarction 5 years 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 18 50, to 2/5, 1950, that I last saw the deceased alive on 2/5, 1950, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Fred W. Smith (Degree or title)		23b. ADDRESS 10229 Independence Rd - KC 3	
23c. DATE SIGNED 2/7/50		24a. BURIAL (CREMATION, REMOVAL TO) 2-8-50	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) KC Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otha Mitchell Independence Mo	
DATE REC'D BY LOCAL REG. Feb 7-1950		REGISTRAR'S SIGNATURE 354 John A. Keagy	

FEB 1 1 RECD

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

Marion Neir

Licensed Embalmer No. *3456*

P. O. Address *Idex, 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.