

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>110 S. 10th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manor House Nursing Home</u>		110 S. 10th Street <u>01170</u>	
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First) <u>Thomas</u>	b. (Middle) <u>Bowman</u>
c. (Last) <u>Bowman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7, 1871</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Painter and Paper Hanger</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Horton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Bowman</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Rose E. Bowman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys McQuiston</u> ADDRESS <u>RR# 8 St. Joseph, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Chronic Grand Mal and Mental Senility</u> 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 <u>4500</u>	
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)	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 <u>6/20</u> , 19 <u>53</u> , to <u>4/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/18</u> , 19 <u>55</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Mundy</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u>	23c. DATE SIGNED <u>4/20/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weilert Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>April 25, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Esther M. Allison</u> ADDRESS <u>St. Joseph, Mo</u>	

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..... *** ****
Signature of Student Embalmer

Signed..... *Raymond A. Morehead*
Licensed Embalmer No. 4413.M

P. O. Address...St...Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.