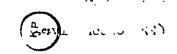
	THE DIAISION OF HEAL	THE ST MISSOURI	356	NA3	
	FILED NOV 1 4 1957 STANDARD CERTIFIC		STATE FILE NUMBER STATE FILE NUMBER Registrar's No. 5015		
<u>;</u>	Registration District NoP	rimary Registration District No.	/002 Registrar's	No.	
	1. PLACE OF DEATH a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURI. b. COUNTYJackson				
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kangas City No Yes No Yes	C. CITY OR TOWN Kansas	C: +	Inside Limits Yest No	
H	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b	CH. STREET	(If outside, give location)	Reside on Form	
L	HOSPITAL OR INSTITUTION Delora Rest Home 91 years	ADDRESS 622 Be	nton Blvd.	Yes Nox	
	3. NAME OF DECEASED First Middle N. (Type or print) LILLIAN BROWN	BOWMAN	4. DATE Month OF DEATH October	26 1957	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		9. AGE (In years IF UNDER 1.	YEAR IF UNDER 24 HRS. lys Hours Min.	
Ĺ	emale White widowed > DIVORCED	1866	91	N OF WHAT COUNTRY?	
ľ	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWILE	Kansas City		S A	
,	34. FATHER'S NAME 136. MOTHER'S MAIDEN		4. NAME OF HUSBAND OR WIFE		
L	Unknown Unknown		William Henry B	ownan	
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Clarence E. Dixon 2716 Crypress				
I	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (a) WANDAND OF FRANK SOUTH				
ı	Conditions, if any, DUE TO (b)			- A)	
l	above cause (a), stating the under-		1	134	
stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 20a. ACCIDENT SUICIDE HOMICIDE: 20b: DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item)				19. WAS AUTOPSY PERFORMED? 2	
20a. ACCIDENT SUICIDE HOMICIDE: 20b: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)					
140101					
,	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about he farm, factory, street, office bldg., etc.) ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	TON COUNTY	STATE	
	WORK AT WORK 21. I attended the deceased from, to, to	and last saw			
ı	Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.				
ł	SIGNATURE OF PULLUS COUNT	3 /226. ADDRESS (Mal)	to Bldg	22c. DATE SIGNED	
2	3d. PUNIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY (ATION (City, town, of county)	(State)	
L	Burial October 29-1957 Elmwood Cem	COCIT .	REGISTRAT'S SIGNATURE		
•	rs.C.L.Forster Funeral Home, Inc.	10-19.57 - 24	<u> </u>	2-00	
		Statement on Reverse Side)		 	
P	· · · · · · · · · · · · · · · · · · ·				



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STATEMENT BY LICENSED EMBALMER

11: O.1 + T.

I hereby certify that the body whose na	me is recorded on the reverse side of this certificate was embalm
by me, or by	, Student Embalmer No.

working under my personal supervision.

Signature of Student Embalmer

1.01 11

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. 1000 jo

If this body is not embalmed, fact should be so stated above. earthough through and to each or