

Registration District No. **399**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution --
(Specify whether
In this community --
years, months or days)

3. (a) PRINT FULL NAME Mary Bowser **260**

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: May 5th, 1910
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 25 min. 0

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business --

MOTHER FATHER { 12. Name James Bowser

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Rena Cruthfield

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Bowser

(b) Address Osceola, Mo.

17. (a) Burial (b) Date thereof May 6th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) May 6, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Osceola, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Osceola, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1940 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3:30 AM May 5
1940 to 4:10 AM May 6
that I last saw her alive on May 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary atelectasis
Due to Prematurity (6 1/2 mo gestation)
Due to 159
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature William C. Boyd (M. D. or other) _____
Address 1032 Prof. Blvd Date signed 5/6/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr. E. C. White

Prof. Bldg.

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.

P. O. Address.....

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, above space should be left blank.