

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37951**

Registration District No. **399**

Primary Registration District No. **6002**

Registrar's No. **4549**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City & town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Hosp. Kansas City Municipal Tuberculosis**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 mo. 24 d.**
(Specify whether
 In this community **15 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Bowling, Jack (Jack Bowling)**

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

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Not given** 6. (c) Age of husband or wife if alive **--** years
 7. Birth (date of deceased) **July 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business

MOTHER FATHER
 12. Name **John Bowling**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Louise Johnson**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Metthys Kopper**
 (b) Address **2332 Monitor Place, K. C. Mo**

17. (a) **Removal** (b) Date thereof **11 29 40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Kirksville, Missouri**

18. (a) Signature of funeral director **Weilert Funeral Home**
 (b) Address **2332 Monitor Place, K. C. Mo**

19. (a) **11-29-40** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4449 709 Washington**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **15** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25**
 year **1940** hour **3** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Sept 6**
1940, to **Nov 25**, 19**40**
 that I last saw him alive on **Nov 25**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
 Due to **Tub.** 7:30

Due to **Toxic Myocarditis**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically

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) (e) Means of injury
 23. Signature **Arthur D. Dept** (M. D. or other)
 Address **K. C. T. Hospital** Date signed

WATER-PROOF COPY UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Blaine E. Weiler

Licensed Embalmer No.

4075

P. O. Address

2332 Monte Pl.

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.