

FILLED APR 21 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue

(c) Name of hospital or institution:
Home for aged

(d) Length of stay: In hospital or institution 5
days

In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Jackson

(c) City or town K.C. Mo.

(d) Street No. 523 Grand

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BOWMAN Mr Harry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1 - 40
to March 16, 1941

that I last saw him alive on March 15
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W.

6. (a) Single, widowed, married, divorced 50

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased: Dec 5 1876
(Month) (Day) (Year)

Immediate cause of death
Myocarditis late

Duration 2 yrs

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>11</u>	<u>17 hr. 30 min.</u>

9. Birthplace Johns Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Railroad

12. Name Andrew Bowman

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

14. Maiden name Unknown

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

16. (a) Informant Amya W. Matt

(b) Address Little Blue

17. (a) Anatomical (b) Date thereof 3-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical

18. (a) Signature of funeral director Leo Kanesfal

(b) Address Lee Sumner mo

19. (a) 3/18/41 (b) Sam G. Bruce
(Date of local registrar) (Neighbor's signature)

Due to _____

Due to 435

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? _____

23. Signature Sam G. Bruce (Specify type of place) _____
While at work _____ (a) Means of injury _____

(b) or other _____

Address Little Blue Mo

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

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 *W. B. [Signature]*

Licensed Embalmer No. *13833*

P. O. Address *[Signature]*

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.