

WRITE PLAINLY—USE 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.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3602 Flora 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3602 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Philomena Silvia Bower
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

20. DATE OF DEATH: Month Jan - day 2nd year 1942 hour noon minute _____ M.
21. I hereby certify that I attended the deceased from July - 1941 to Jan - 1942, 19____, to Jan 2 - 1942, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Bower 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased. Sept. 23, 1886
(Month) (Day) (Year)

Immediate cause of death Subar Puerperium
Due to hemorrhage of cervix
Due to 4th
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 3 Days 10 If less than one day hr. _____ min. _____

Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Cuborg Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Frank Vitt King

13. Birthplace Lawrence Kansas 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schindler

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

16. (a) Informant's own signature Genevieve F. Weston
(b) Address 3602 Flora K.C. Mo

17. (a) General (b) Date thereof 1/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director W. Schubert
(b) Address Lawrence Kansas

19. (a) Jan. 2, 42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 Edward J. Crowe (M. D. or other) MD
Address 3850 P. Ave Date signed 1-2-42

Duration 2 yrs
two
years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Mat M. Shredoff

Licensed Embalmer No. 3993

P. O. Address Kansas City, Kansas

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.