

FILED NOV 19 1943/49

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1606 Wabash Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home
63 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1606 Wabash Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Silvester Bowler

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th
year 1943 hour 8 minute 30A M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Tena Bowler

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 27 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Oct 25, 1943
that I last saw him alive on Oct 24, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70 5 28 hr. _____ min.

Immediate cause of death Bronchial pneumonia
Infection
107

Due to _____

Due to _____

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

Other conditions pericarditis + prostatitis
(Include pregnant within 3 months of death)

10. Usual occupation Printer Pressmen, 8

11. Industry or business _____

12. Name James M. Bowler

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

14. Maiden name Louise Spries

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Tena Bowler

(b) Address 1606 Wabash Ave

17. (a) Burial (b) Date thereof 100227 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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? _____

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Lanwood Blvd

19. (a) 10 26 43 (b) T. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Harry W. Wray (M. D. or other) _____

Address 1401 Prospect Date signed 10-25

DR DUGAY 1401 Prospect
VI
CH8347

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 Chas Wells

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.