

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43687**  
**5523**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (If this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>639 Parallel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley-Provident</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELL</u>		b. (Middle) <u>P.</u>	
		c. (Last) <u>BOWMAN</u>	
4. DATE OF DEATH <u>12-27-49</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 12, 1896</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma ?</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maurine Norwood</u>		ADDRESS <u>K.C.K.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic ileus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Recto Vaginal Septum</u>			<u>unknown.</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1991</u>			
19a. DATE OF OPERATION <u>12-15-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of recto vaginal septum</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-9, 1949</u> , to <u>12-27, 1949</u> , that I last saw the deceased alive on <u>12-27, 1949</u> , and that death occurred at <u>6a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph H. Prinz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand K.C. Mo</u>	
23c. DATE SIGNED <u>12-30-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>12-30-49</u>		REGISTRAR'S SIGNATURE <u>Maurine Norwood</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Mattie Walker</u>		ADDRESS <u>K.C.K.</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Nathan W. Hatcher*.....

Licensed Embalmer No. *2780*.....

P. O. Address *I.C.A.*.....

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.