

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**38943**  
Do not use this space.

DEC'D DEC 21 1938

**1. PLACE OF DEATH**

(a) County Clay Registration District No. 197  
 (b) Township Gallatin Primary Registration District No. 5276A Registered No. \_\_\_\_\_  
 (c) City North Kansas City, Mo. (d) Street No. Route #4 (home) St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME.** Faris Wade Bowen

(a) Residence, No. North Kansas City, Mo. Route #4 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie E. Bowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. sheet metal worker  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) Nov. 4, 1938 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higgenville, Missouri

FATHER 13. NAME J. H. Bowen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Susen Pool

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Faris C. Bowen  
 (ADDRESS) Route #4 North K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Nov. 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home  
North Kansas City, Missouri

20. FILED Dec. 1, 1938 Viola C. Meyer  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 6, 1938 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938 to Nov 6 1938.  
 I last saw him alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis  
arterial sclerosis heart disease  
hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: AS 10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_ (Signed) M. O. Langhans, M. D.  
 (Address) North Kansas City, Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10/16/38

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,

*personally*

, or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Harold L. Pearson*

Licensed Embalmer No.

*3605*

P. O. Address

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.