

FILED MAY 20 1947
7/9

Registration District No.

Primary Registration District No. 1002

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 10 Days years, months or days)

3. (a) PRINT FULL NAME ROBERT MICHAEL BLOWERS

3. (b) If veteran, name war. no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased January 12 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 22 hr. min.

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

10. Usual occupation None infant

11. Industry or business

12. Name Robert E. Blowers

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

14. Maiden name Eleanor Bradbury

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

16. (a) Informant Robert E. Blowers
(b) Address 1941 North 28th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Geo. N. Jones
(b) Address 703 North 10th Street

19. (a) 5-5-47 (Date received local registrar) (b) Alfredine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1941 North 28th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 5 minute 08 P.M.

21. I hereby certify that I attended the deceased from March 14, 1947 to May 4, 1947
that I last saw him alive on May 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to suppurative infection
congested heart (deficient red circulation)
lymph reflex
congested dil. of myocardium (left) latent fracture neck
Other conditions: (include pregnancy within 3 months of death)

Major findings: 157
Of operations
Of autopsy above causes of death

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)

Did injury occur in or about home, on farm, in industrial place, in public place?
-C-K

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Edwin Hugh Fisher (M. D. or other)
Address SW W 47 - 150 - Mr Date signed 5-27

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

Schwarz

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 *Louis A. Long*

Licensed Embalmer No. *3417*

P. O. Address *N. E. K.*

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.