

FILED NOV 8 1947
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 **General Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 hours**
In this community **5 hours**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **900 East 33rd Street**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Infant Bowles**

3. (b) If veteran, name war **child**
3. (c) Social Security No. **child**

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

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

7. Birth date of deceased **Oct. 26 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days **5** hr. min
*If less than one day

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

10. Usual occupation **child**

11. Industry or business.....

12. Name **Marshall M. Bowles**

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

14. Maiden name **Minnie M. Julian**

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

16. (a) Informant **Record Clerk**

(b) Address **K. C. General Hosp. #1**

17. (a) **Burial** (b) Date thereof **10-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Drexel, Missouri**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Missouri**

19. (a) **10-26-47** (b) **Margaret Holmea**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26**
1947 year hour **11 AM** minute..... M.

21. I hereby certify that I attended the deceased from **10-26-47** 19..... to **10-26-47** 19.....
that I last saw him alive on **10-26-47** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **159**
Of operations.....

Of autopsy **Same**

PHYSICIAN

Underline the cause of 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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **[Signature]** (M. D. or other) **M.D.**

Address **K.C. General Hosp. #1** Date signed.....

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

MOTHER FATHER

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

Blaise E. Weiland

Licensed Embalmer No.

4075

P. O. Address

K.C. Mo.

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.