

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1225

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Research Hos.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)  
 In this community 1 Day

3. (a) PRINT FULL NAME Bowles (Baby)

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

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 15 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 Day 0 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Remile E. Bowles

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

14. Maiden name SHERLY CONKLING

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

16. (a) Informant REMILE E BOWLES

(b) Address 3641 CAMPBELL ST

17. (a) Cremation (b) Date thereof 3-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Stine & McClure

(b) Address K. C. Mo.

19. (a) 3-18-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3641 Campbell  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
 year 1948 hour 6 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 15  
1948 to Mar 16 1948  
 that I last saw her alive on 10 PM Mar 15 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant Wt. 1# 7.5g  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Immaturity  
(Includes pregnancy within 3 months of death)

Major findings: Of operations 159

Of autopsy \_\_\_\_\_

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature Clark W Seely (M. D. or other) \_\_\_\_\_  
 Address 411 Alameda Rd Date signed 3/18/48

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

MOTHER FATHER

*Conf. 11/11/11*  
*Wm. S. Sealey*  
*4301 - Madison*  
*Lo. 8100*

**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.....

*Max E Meyer*....., Registered Apprentice No. *49*  
working under my personal supervision.

Signed *Clair Sheppard*  
Licensed Embalmer No. *47158*  
P. O. Address *13 E 110*

**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.**