FILED APR 23 1940

No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12707

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 429 N. Washington 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 26 yrs. years, months or days)

140

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada (If outside city or town limits, write "RURAL")

(d) Street No. 429 N. Washington St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Eliza Fowble

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David A. Fowble

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

7. Birth date of deceased Jan (Month) 4 (Day) 1850 (Year)

8. AGE: Years 90 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Clairmount Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Invalid

11. Industry or business Former Housewife

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. J. H. Schwenck

(b) Address Nevada, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada, Missouri

19. (a) 3/23/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17, year 1940 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 11/11/38 to Mar 17, 1940 that I last saw her alive on Mar 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Due to 82 W

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) No

(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? 705 (Specify type of place)

While at work? (e) Means of injury

23. Signature J M Yates (M. D. or other) 1

Address Nevada Mo Date signed 3/20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number H-40-596
Date Filed H-3-70

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~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.