

STANDARD CERTIFICATE OF DEATH

State File No. **22954**

Registration District No. **821**

Primary Registration District No. **4553**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Fifteen years**
(years, months or days)

3. (a) PRINT FULL NAME **William Fowler** **460**

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

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

(b) Name of husband or wife **Mary E. Bailey Fowler** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **August 20 1878**
(Month) (Day) (Year)

8. AGE: Years **61** Months **10** Days **12** If less than one day
hr. min.

9. Birthplace **Union County Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired** **7**

11. Industry or business **7**

MOTHER FATHER { 12. Name **John Fowler** **9**

13. Birthplace **Unknown** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Emma Weathington**

(b) Address **Sikeston, Missouri**

17. (a) **Burial** (b) Date thereof **July 3, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Sikeston, Mo**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Sikeston, Missouri**

19. (a) **7-17-40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Sikeston**
(If outside city or town limits, write "RURAL")
(d) Street No. **514 South Kingshighway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**
year **1940** hour **12:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **July 2, 1940** to **July 3, 1940**
that I last saw him alive on **July 3, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 1 hour.**

Due to **general arteriosclerosis 5 years**

Pat. Cerebral Thrombosis 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** **94/12**

Of autopsy **none**

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) _____

(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? **742**

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

23. Signature **[Signature]** (M. D. or other) **1**

Address **Sikeston** Date signed **7-17-40**

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

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

Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address. Sikeston, Missouri

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.