FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31640

Registration District No. 133 | Primary Registration District No. 4074 | Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Carroll

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

(c) Name of hospital or institution: x Bogard, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: mo. (Specify whether years, months or days) 7

In this community: 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Carroll

(c) City or town: Bogard (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: GEORGE W. FOWLER

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: SOFIE FOWLER

6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: Mar (Month) 6 (Day) 1851 (Year)

8. AGE: Years 89 | Months 5 | Days 28 | If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER 12. Name: George Fowler

FATHER 13. Birthplace: Mo (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Patsy Traughber

MOTHER 15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Clint Hurlz

(b) Address: Bogard Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Smith

18. (a) Signature of funeral director: E. D. Hudson

(b) Address: Bogard Mo

19. (a) 9-4-1940 (Date received local registrar) Jonie Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th year 1940 hour 3. minute 30 A. M.

21. I hereby certify that I attended the deceased from August 31, 1940 to Sept 3 1940 that I last saw him alive on Sept 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	4 days
Uremia	4 days
Due to Chronic Nephritis	years
Due to Chronic Myocarditis	years

Other conditions: (Include pregnancy within 3 months of death) 2

Major findings: Of operations

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?

(e) Means of injury (Specify type of gun)

While at work?

23. Signature: Garnett Alcorn D.O.

Address: Bogard, Mo Date signed: 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 10-10-40
Date Filed

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 E A Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard Mo

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

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