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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32640

Registration District No. 13 1940 FILED OCT 13 1940

Primary Registration District No. 4343

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 316 Catherine St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether 2

In this community 1 yr. 6 Month. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. 316 Catherine St. (If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Smith Fowler.

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

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased Oct. (Month) 27 (Day) 1866 (Year)

8. AGE: Years 73 Months 10 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer 1

11. Industry or business — 1

FATHER
12. Name William C. Fowler.
13. Birthplace (City, town, or county) Delaware (State or foreign country)

MOTHER
14. Maiden name Rosella Ide.
15. Birthplace Ark (City, town, or county) Rhode Island (State or foreign country)

16. (a) Informant Mrs. A. L. Lange

(b) Address Monroe City, Mo.

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

(c) Place: burial or cremation Stoutsville E. Cemetery

18. (a) Signature of funeral director Wilson + Son.

(b) Address Monroe City.

19. (a) Sept 23, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sept 17, 1940, to Sept 23, 1940, that I last saw him alive on Sept 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	6 Da
Due to Chronic Bronchitis	40 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107 W

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? 513 (Specify type of place)

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

23. Signature John H. Hibbs (M. D. or other) 1

Address Monroe City Mo Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1844
Date Filed OCT 8 1940

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 Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Kansas City 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, above space should be left blank.