

Rev. 5-17-39  
I 193911

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21255

State File No. \_\_\_\_\_  
Registrar's No. 753

Registration District No. 89 Primary Registration District No. 513413

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Dublin Rural  
(c) Name of hospital or institution Home  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 3 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Butler  
(c) City or town Dublin  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Isaac Luther Fowler  
(b) If veteran, name war ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 13  
year 1941 hour 1 minute 0 P. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Grace Fowler  
(c) Age of husband or wife if alive 48 years  
7. Birth date of deceased June 2 1890

21. I hereby certify that I attended the deceased from Mar 15 1941 to June 13 1941  
that I last saw him alive on May 12 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 0 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer stomach  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Missouri  
10. Usual occupation Farming

Other conditions Metastasis to liver  
Major findings: Of operations none  
Of autopsy none

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Marion Fowler  
13. Birthplace Mo  
14. Maiden name Mary Morris  
15. Birthplace Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature Mrs Grace Fowler  
(b) Address Dublin Mo  
17. (a) Burial (b) Date thereof June 15-41  
(c) Place: burial or cremation Club Creek

23. Signature J M Hennickson  
Address Bluff Mo Date signed 6-14-41

18. (a) Signature of funeral director Landess Funeral Home  
(b) Address Campbell Mo  
19. (a) 6/23/41 (b) Kate Lutz

JUL 25 1941

RECEIVED

District Health Officer No. 2,

District File Number 741-862

Date Filed 7/10/41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**