V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16142

FILED JUN 22 1942 791

Registration District No. 4 — Primary Registration District No. 1003 — Registrar's No. 4977

009 17

JUL 8 1942

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

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 wks. In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Tennessee (b) County: Obion

(c) City or town: Union City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.: 912 Exchange St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME: Flanthus Walton Fowler

3. (b) If veteran, name war: None

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nina M. Fowler

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: Nov. (Month) 6, (Day) 1880 (Year)

8. AGE: Years 61 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation: Freight Agent

11. Industry or business: Mo. Pacific R.R.

MOTHER FATHER

12. Name: Rufus Fowler

13. Birthplace: Lewisburg (City, town, or county) Tennessee (State or foreign country)

14. Maiden name: Sarah McCordy

15. Birthplace: Lewisburg (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Nina M. Fowler

(b) Address: Union City Tennessee

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Union City Tennessee

18. (a) Signature of funeral director: Albert N. Nopper Inc.

(b) Address: 700 Washington Ave.

19. (a) (Date received local registrar) (b) J. F. Bauer (Registrar's signature)

JUN 8 1942

844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 26, 1942 to June 8, 1942 that I last saw him alive on June 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastro-intestinal Hemorrhagic	5 days
Due to: Carcinoma of liver	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypochlorhydria	?

Major findings:
Of operations: N.D.
Of autopsy: N.D.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Gilbert E. Wright (M. D. or other) U

Address: St. Louis, Mo. Date signed 6-8-42

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 albert H. Hoppe

Licensed Embalmer No. 1869

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, fact should be so stated above.