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27759

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1942

Registration District No.

Primary Registration District No.

Registrar's No.

611248

4513-4369

73
4
0

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

1. PLACE OF DEATH: **Newton**
 (a) County **Seneca**
 (b) City or town _____
 (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 _____
 In this community **4 Mos**
 years, months or days

2. USUAL RESIDENCE OF DECEASED: **999**
 (a) State **Oklahoma** (b) County **Newton**
34
 (c) City or town **Seneca**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____
 (If rural, give location) **2**
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Mabel Fowler**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug 31** 1942
 year **1942** hour **2 15** minute **P** M.

4. Sex **female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Percy D. Fowler** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Feb. 3rd 1881**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 29** 1942 to **Aug 31** 1942
 that I last saw him alive on **Aug 31** 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
61		6	28	hr. _____ min. _____

Immediate cause of death **Carcinoma of Rectum & intestinal**
 Duration _____

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation **housewife**

11. Industry or business _____
 12. Name **John Shepherd**
 13. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mattie Hairgrove**
 15. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Marion Fowler**
 (b) Address **Seneca Missouri**

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? _____

17. (a) **removal** (b) Date thereof **Sept 2 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Kansas City Missouri**

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

18. (a) Signature of funeral director **W. R. Bennett**
 (b) Address **Seneca Missouri**

23. Signature **W. R. Bennett** (M. D. or other) _____
 Address **Seneca Mo** Date signed **9-1-42**

19. (a) **2-42** (b) **W. R. Bennett**
 (Date received local registrar) (Registrar's signature)

1310

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 *Barley Thompson*
Licensed Embalmer No. *B259*
P. O. Address *Neosho, 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, fact should be so stated above.