

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1192

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town KC
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at Booking desk of K.C. Police Hdg.?
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town KC (If outside city or town limits, write "RURAL")
 (d) Street No. unknown (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rbt W. Fowler
 3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 3
 year 1943 hour 2:40 minute P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unknown
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE: 47 Years Months Days If less than one day
 hr. min.

Immediate cause of death Arteriosclerosis blood disease
 Due to _____
 Due to _____ 93A

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

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy inspiration chest

10. Usual occupation _____
 11. Industry or business _____

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

12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)

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

14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Coroner's office
 (b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Subitot
 (b) Address 901 E 5th St K.C. Mo.

19. (a) 3-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

23. Signature RC Mo. (M. D. or other) 3
 Address _____ Date signed 3/3/43

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

MOTHER FATHER

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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address K6 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.