No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1943 128

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 10231

Registrar's No. 193

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1015 W. Florida /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield, ~~Mo.~~ 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 W. Florida
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Andrew J. Fowler

3. (b) If veteran, name war No.

3. (c) Social Security No. X

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May (Month) 17 (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Howell Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

FATHER
12. Name Unknown 0
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown 0
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant J. Roy Fowler

(b) Address 1015 W. Florida Springfield,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 3-3-43 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1943 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 22 - 1943 to March 1 - 1943
that I last saw him alive on Feb 27 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Alive

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. Kelly 0 (M. D. or other) ✓

Address Springfield Mo Date signed 3-3-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1943

MAR 30 1943

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 Body Was Embalmed, Registered Apprentice No. working under my personal supervision.

Signed Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Springfield, Sno

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.