

FILED JUN 11 1943

Registration District No. 316

Primary Registration District No. 3059

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Chambers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANKLIN ARTHUR FOWLER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased September 20 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1943 hour 19:4 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 4th
19 43 to May 6th 19 43
that I last saw him alive on May 6th 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 7 15 hr. min.

Immediate cause of death Chronic myocarditis
Due to unknown
Due to 930
Other conditions (include pregnancy within 3 months of death) 930

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

10. Usual occupation Laborer
11. Industry or business
12. Name Jackson Fowler
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Fowler
(b) Address 302 Francis, Bonne Terre
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Benham
(b) Address 313 Benham, Bonne Terre
19. (a) May 18 1943 (Date received local registrar) (b) Lyddie Buhmester (Registrar's signature)

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.....
23. Signature P. L. Truman (M. D. or other)
Address Bonne Terre, Mo. Date signed 5-5-1943

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 643-2282
Date Filed 6-5-43

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.