

Registration District No. **14**

Primary Registration District No. **4136**

25
3
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Blount
 (b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution city of Plattsburg
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community life

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1943 hour 3 minute 25 A. M.
 21. I hereby certify that I attended the deceased from _____ 1941 to Nov. 18 1943
 that I last saw him alive on Nov. 17 1943;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Grace W
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 3 1865
(Month) (Day) (Year)

Immediate cause of death Senility
 Duration _____

8. AGE: Years 78 Months 9 Days 15
 If less than one day hr. _____ min. _____

Due to general debility of long standing, loss of mental faculties
 Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation blacksmith

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Joseph Fowler
 13. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)
 14. Maiden name Aleash Bannour
 15. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ken Fowler
 (b) Address Plattsburg MO

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

17. (a) Burial (b) Date thereof 11-20-43
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlaw cimet

23. Signature R. W. Hayward (M. D. or other) _____
 Address Plattsburg Date signed Nov 20 1943

18. (a) Signature of funeral director J. H. Martin
 (b) Address Plattsburg MO
 19. (a) Nov 20 1943 (b) Mrs A C Hartel
(Date received local registrar) (Registrar's signature)

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 *Gas L. Martin*
Licensed Embalmer No. *4303*
P. O. Address *Statterburg*

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.