S. No. 2
0M—2-43
v 5-17-39
E I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40935

Primary Registration District No. 1002

Registrar's No. 5047

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7516 WABASH AVENUE
(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 1 MONTH

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County Wyandotte
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5342 ROE BLVD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. ERNEST GIDEON FOWLER

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. NETTIE FOWLER

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased MARCH 26 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation SALESMAN-RETIRED

11. Industry or business FORT SCOTT WHOLESALE GROCERY CO.

FATHER
12. Name GIDEON FOWLER
13. Birthplace PENNSYLVANIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JENNY STAUBER
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant MISS DIXIE N. FOWLER
(b) Address 5342 ROE BLVD KANSAS CITY KAN.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation ELDORADO SPRINGS MO.

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-30-43 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30 7th year 1943 hour 12 minute MIDNIGHT

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

Immediate cause of death Cerebrovascular hemorrhage

Due to diabetes

Due to 9 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy Inspection & hearing

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 Joseph Carr (M. D. or other) 3 4/3
Address Date signed 12/3

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.