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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42049

Registration District No. 76 Primary Registration District No. ~~76~~ 5302 Registrar's No. 30

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Eugene Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES S. FOWLER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 25 (Day) 1856 (Year)

8. AGE: Years 87 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Hickory Hill (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation Rit Farmer
11. Industry or business
FATHER
12. Name Whitley Fowler
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Anna Martin
15. Birthplace (City, town, or county) K.Y. (State or foreign country)
16. (a) Informant Mrs W.C. Hahn
(b) Address Eugene MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Garden Cem.
18. (a) Signature of funeral director [illegible]
(b) Address Russellville MO.
19. (a) 11-7-43 (Date received local registrar) (b) Millie C. Berendzen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1943 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 25 1943 to Nov 6 1943 that I last saw him alive on Nov 6 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Perinephritic Abscess	1 Mo
Due to Colon bacillus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

133 P.1

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 0
23. Signature M R Aldridge (M. D. or other)
Address Jefferson City MO Date signed 11/7/43

1343

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

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 G. M. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville 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.