

FILED FEB 27 1944

State File No. ....

Registration District No. 4

Primary Registration District No. 5135

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Orlin Rural *act. 1/24*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(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 Butler *12*

(c) City or town Orlin Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME James R. Fowlkes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased March 20 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 9 10 hr. min.

9. Birthplace Orlin, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Robert Fowlkes

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Periss

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Fowlkes  
(b) Address Orlin, Mo

17. (a) Burial (b) Date thereof 1-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orlin Cemetery

18. (a) Signature of funeral director Sendas Funeral Home  
(b) Address Campbell Missouri

19. (a) 1-6-44 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month January day 1  
year 1944 hour \_\_\_\_\_ minute 7:40 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 1 1944  
that I last saw him alive on Jan 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart disease Pre-natal

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gpd  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 H. J. Purdy (M. D. or other) \_\_\_\_\_  
Address Campbell, Mo Date signed 1/4/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12  
000

92

RECEIVED

District Health Office No. 2,

District File Number 244-176

Date Filed 1-25-44

**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell 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.**