

Registration District No. 70-9233 Primary Registration District No. 6-2585972 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town FLEMINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 + Romanston Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Abner Fowler

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 MARRIED
6. (b) Name of husband or wife Alice Fowler 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased JUNE 15 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 20 hr. _____ min.

9. Birthplace HENRY Co. IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business Retired

MOTHER FATHER { 12. Name John Fowler
13. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)
14. Maiden name Nettie J. Russell
15. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant Grant Fowler

(b) Address Flemington MO

17. (a) BURIAL (b) Date thereof JAN 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Humanville, Mo.

19. Jan 10 1944 (b) John Lee Thayer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk 84
(c) City or town FLEMINGTON 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1940
to Jan 5 1944
that I last saw him alive on Jan 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 mo
Due to had cerebral hemorrhage about 3 yrs ago

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

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

23. Signature Roscoe News (M. D. or other) M.D.
Address Humanville Mo Date signed 1-2-44

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

RECEIVED

District Health Officer No. 7,

District File Number

1-44-97

Date Filed

2-7-44

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.....

by me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Perrin

Licensed Embalmer No.....

4282

P. O. Address.....

Humansville,

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.