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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

109 W74 6725
State File No.

FILED MAR 15 1944

Registration District No. 41 Primary Registration District No. 3008 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Jan 31-41 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 14
(c) City or town Sedalia 1 (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

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

4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1874 (Year)

8. AGE: Years 69 Months 10 Days 19 If less than one day hr. min.

9. Birthplace DK (City, town, or county) 9 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name G. D. Hall
13. Birthplace DK (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo.
18. (a) Signature of funeral director Gillespie
(b) Address Sedalia Mo
19. (a) 2-8-1944 (Date received local registrar) (b) Josie Moraukhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1944 hour 7 minute 28 P M.
21. I hereby certify that I attended the deceased from 11-20, 1942, to 2-7, 1944
that I last saw her alive on 2-7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis | Duration
Due to Senile Psychosis
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature K. E. Sterns (M. D. or other)
Address Fulton Mo Date signed 2/7/44

1147 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-14-44

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.