S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30103
Registrar's No. 3623

Registration District No. 149 Primary Registration District No. 1002

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 E. 8 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Stella Fowler
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, ~~widowed, married~~, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 16 (Day) 1872 (Year)

8. AGE: Years 71 ~~72~~ Months 11 Days 19 If less than one day 1 hr. 35 min.

9. Birthplace Harrisville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Dressmaker
11. Industry or business Dressmaking Shop
FATHER
12. Name A. A. Fowler
13. Birthplace Boonevile Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name McKnight
15. Birthplace Savannah Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Murray M. Fowler
(b) Address 818 East 12th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Blaine E Weilert
(b) Address 2332 Manitou Place
19. (a) 9-7-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5 year 1944 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from September 1, 1944 to September 5, 1944 that I last saw her alive on September 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	
Due to femoral hernia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 122 a 2	
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 A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-1-44

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. Laybourne

Licensed Embalmer No. 1715

P. O. Address Kansas City 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.