

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41879**

FILED JAN 18 1945

Primary Registration District No. **2054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Peke

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peke County Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peke

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 13th Georgia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAISY FOWLER

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1944 hour 8 minute 10 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry T Fowler

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept 17 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-1, 1944, to 12-24, 1944
that I last saw her alive on 12-24, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 3 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death Renal Peritonitis

Due to Ruptured appendix

Other conditions (include pregnancy within 3 months of death) 12 1 11

9. Birthplace Mo 11
(City, town, or county) (State or foreign country)

10. Usual occupation Homfe

11. Industry or business None

12. Name James E Smith

13. Birthplace Ky 1
(City, town or county) (State or foreign country)

14. Maiden name Lillie Myers

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Henry T Fowler

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

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

(b) Address Louisiana Mo

19. (a) 12/25/44 (b) H. H. Haley
(Date received local registrar) (Registrar's signature)

Major findings: Obs Cases

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(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? _____

23. Signature [Signature] (M. D. or _____)
Address Louisiana Mo Date signed 12/25/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

JUL 13 1945

RECEIVED

District Health Officer No. 10

District File Number JAN 1 - 45 - 184

Date Filed

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

George O. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3173

P. O. Address Louisiana, 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.