

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

1. PLACE OF DEATH: Putnam
(a) County Putnam
(b) City or town Rural Liberty Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ Life _____ (Specify whether _____)
years, months or days

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Fowler
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct. 1 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Fowler
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice E. Fowler
(b) Address Unionville Mo.

17. (a) Burial (b) Date thereof April 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartford Ceme.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville Mo.

19. (a) 345 (b) [Signature]
(Data received local registrar) (Physician's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour 4-45 minute A M.

21. I hereby certify that I attended the deceased from Sept. 10 1944 to April 13 1945
that I last saw him alive on April 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration 1 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
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 N. W. Gillum (M. D. or other) D.O.
Address Unionville Date signed 5/14/45

RECEIVED

District Health Officer No. 10

District File Number 5-45-822

Date Filed MAY 10 1945

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

Murl E. Hustis

Licensed Embalmer No.

3304

P. O. Address

Muswell, 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.