

FRIED JUN 29 1945

Registration District No. **149**

Primary Registration District No. **1002**

18
3
8

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

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:
2911 - E. 12 ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2911 E 12
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGIE ANNE BART FOWLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Stewart Fowler

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 26 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1945 hour 8:35 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 6th 1941 to June 9 1945, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

Duration 37 1/2 yrs

Due to Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93 d

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Alexander Thomas

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

14. Maiden name Catherine Thomas

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

Major findings: _____

Of operations: _____

Of autopsy: no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wagner Patterson

(b) Address 2911 - E. 12

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/45
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Richard J. ...

(b) Address 1657 Judy Ave.

19. (a) 6-11-45 (Date received local registrar)

(b) Heraldine Helmer (Registrar's Signature)

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? _____

23. Signature Dr. S. D. Ramey (M. D. or other) DO

Address 900 Benton Date signed 6-9-45

Ch 5391

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

F. S. Walton

Licensed Embalmer No.

2744

P. O. Address

3030 Harrison

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.