S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20432

Registration District No. 738 Primary Registration District No. 5523 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town "Rural" Green Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town "Rural" Green 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andro F. Fowler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida M. Fowler

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July (Month) 31 (Day) 1862 (Year)

8. AGE: Years 82 Months 9 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Frank Fowler
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Rachel Ann Sadler
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs Ida M. Fowler
(b) Address Flemington Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) June 6-45 (Date received local registrar) (b) Mary L. Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 10-44, 1944, to May 20, 1945;
that I last saw him alive on May 10, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Renal disease	3 yrs.
Due to Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131	
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 Carl D. Bailey (M. D. or other) Do
Address Hermitage Mo. Date signed June 5 1945

1094

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

D

No. 7,

6-45-603

Date Filed 7-3-45

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 [signature]

Licensed Embalmer No. 3053

P.O. Address Bolivar 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.