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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30293

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 307

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(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 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Zalma
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLIE ROOSEVELT FOWLER, JR.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Sept. 24 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
20	11	21	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charlie Roosevelt Fowler Sr.
13. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie Speer
15. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest Pate
(b) Address Zalma, Mo.

17. (a) Burial (b) Date thereof Sept. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Speer Cemetery

18. (a) Signature of funeral director Blaye S. Morgan
(b) Address Advance, Mo

19. (a) 10-3-45 (b) F. M. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1945 hour 110 minute 25 A.M.

21. I hereby certify that I attended the deceased from 9-16, 1945, to 9-19, 1945
that I last saw him alive on 9/19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to

Due to

Other conditions P. S. Pregnancy TB
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61

Duration

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 [signature] (M. D. or other) [signature]
Address Cape Girardeau Mo Date signed 10/2/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1045-1170

Date Filed 10-6-45

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 Floyd S. Morgan, Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.