

**FILED** MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registrar's No. 3

Registration District No. 321

Primary Registration District No. 6082

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

1. PLACE OF DEATH:

(a) County Saline Co.  
(b) City or town Nelson, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
On Main Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All Her Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. On Main Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Emmaline Fowler

(b) If veteran, name war # \_\_\_\_\_ (c) Social Security No. # \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 29 1854  
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Did not work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Fowler  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma J. Lee  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant T.M. Fowler  
(b) Address Nelson, Mo.

17. (a) Burial (b) Date thereof 2/26/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director J. Pauli Sussung

(b) Address 211 Marshall Street

19. (a) 2/25/1946 (b) Mrs. W.C. Shackelford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 - 1946  
year \_\_\_\_\_ hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Feb 23 1946  
to Feb - 25 1946  
that I last saw her alive on Feb 24 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia following an attack of influenza  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature R.W. Stouffer (M. D. or dentist)  
Address Nelson Mo Date signed 2-25-1946

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-12-46

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 *J. Leslie Swamy*.....

Licensed Embalmer No. *3235*.....

P. O. Address *74 Marshall St.*.....

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.