

FILED APR 10 1946

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community all life long years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Rural 11 mi S.E. Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. near Coal ms (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LEONARD S. FOWLER

20. DATE OF DEATH: Month 3 day 12
year 1946 hour 1 minute 30 P.M.

3. (b) If veteran, name war no 3. (c) Social Security No. no

21. I hereby certify that I attended the deceased from 3-10-46
....., 1946, to 3-12, 1946

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ann Fowler 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan 15 1895
(Month) (Day) (Year)

that I last saw h. l. a. alive on 3-12-46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct of heart - following surgery
Duration
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
51 1 28 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute apoplexy & strangulated hernia
Of autopsy Hernia
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 Guaranteed (of other)
Address Clinton Mo Date signed 3-13-46

MOTHER FATHER { 12. Name Charley Fowler
13. Birthplace Genesee Co New York
(City, town, or county) (State or foreign country)
14. Maiden name Mahala Ann Leonard
15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Anna Fowler
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 3-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Consalus + Peck
(b) Address Clinton Mo
19. (a) 3-14-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District of Columbia - Office No. 71
District Number 3-46-220
Date filed 4-9-46

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. E. Conrader
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.