

FILED JUN 10 1948 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 32

Primary Registration District No. 5-110

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural  
(c) Name of hospital or institution: Felure Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger, 9  
(c) City or town..... Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No..... Felure Township  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ann Fowler.

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

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow, 5  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased. November 28 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 3 5 br. min.

9. Birthplace Scott County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business House Work,

MOTHER FATHER  
12. Name no data  
13. Birthplace no data (City, town, or county) (State or foreign country)  
14. Maiden name no data  
15. Birthplace no data (City, town, or county) (State or foreign country)

16. (a) Informant John Fowler,  
(b) Address Lutesville Missouri,

17. (a) Burial (b) Date thereof 3 7 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clubb Cemetary

18. (a) Signature of funeral director Watkins Service  
(b) Address Puxico Missouri.

19. (a) May 20 1946 (b) Mellie H. Dandenberg  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h.c.s alive on Feb 28  
and that death occurred on the date and hour stated above. h.c.s

Immediate cause of death. Cardiac Decomposition

Due to Thrombosis  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... 950

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 John H. Hayes MD (M. D. or other)  
Address Butteville Mo Date signed 7/1/46

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

RECEIVED

District Health Officer No. 4

District File Number 646-2212

Date Filed 6-7-46

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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.....

*Russell Steele*  
Licensed Embalmer No. 2476

P. O. Address Nexter 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.**