S. No. 2
M—9-4-41
v. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32767

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1228

**1. PLACE OF DEATH:**
(a) County: Buchanan
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp 4 v 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yr 6 mo 4 dy (Specify whether years, months or days)
In this community 20 years, 6 months, 4 days

**2. USUAL RESIDENCE OF DEECEASED:**
(a) State: Mo (b) County: Nodaway
(c) City or town: Elmo
(If outside city or town limits, write "RURAL")
(d) Street No.: —
(If rural, give location).
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME: Emma Fowler
3. (b) If veteran, name war: —
3. (c) Social Security No. not stated
4. Sex: female
5. Color or race: W
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: Not given (Month) (Day) (1893 ?) (Year)
8. AGE: Years 53 Months — Days — If less than one day hr. min.
9. Birthplace: Bradyville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: Fowler
13. Birthplace: (City, town, or county) Not given (State or foreign country)
MOTHER 14. Maiden name: Not given
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Rev. J. M. Taylor
(b) Address: Elmo Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 31, 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmo Mo.
18. (a) Signature of funeral director: Rizzie Funeral Home
(b) Address: Maryville, Mo
19. (a) Nov. 1, 1946 (Date received local registrar) (b) F. J. Nettelhurst (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 31 year 1946 hour 1:45 minute a M.
21. I hereby certify that I attended the deceased from Oct 27, 1946, to Oct 31, 1946, that I last saw her alive on Oct 30, 1946, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Intestinal Obstruction | 4 days |
| Due to: Cause undetermined | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: B
Of autopsy: B

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: 0
23. Signature: L. T. Smith (M. D. or other)
Address: State Hosp Date signed 10/31/46 St. Joseph, Mo.

34 (Licensed Embalmer's Statement on Reverse Side)

## 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. Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.**