No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5144

State File No. 32867

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rombauer Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Butler 12

(c) City or town Rombauer 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Blaine Eugene Fowler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 3. (Day) 1913 (Year)

8. AGE: Years 33 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Greenbrier (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name Thomas Fowler 0
13. Birthplace Greenbrier (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Eva Looney M
15. Birthplace Greenbrier (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Paul Fowler
(b) Address Rombauer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25.46 (Month) (Day) (Year)
(c) Place: burial or cremation Rombauer, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 10-30-46 (Date received local registrar) (b) P H Menetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 23 Oct 46 19 , to , 19 ;
that I last saw him alive on D.O.A. 23 Oct 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage

Due to Tuberculosis (Clinical diagnosis only)

Due to (Rejected from military service, reason unknown)

Other conditions None
(Include pregnancy within 3 months of death)

Cyril A. Post M.D.

Major findings:
Of operations

Of autopsy

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 0

23. Signature Cyril A. Post (M. D. or other)

Address Poplar Bluff Mo Date signed 24 Oct 46

35

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1947

RECEIVED
District Health Office No. 2
District File Number 1146-1311
Date Filed 11-7-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.