

FILED NOV 26 1946

Registration District No. _____

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lehay
(c) City or town Queencity
(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

Henry E. Fowler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Artie

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

7. Birth date of deceased Aug (Month)

24 (Day) 1867 (Year)

8. AGE:

Years 79 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Spring (City, town, or county)

Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Robert M. Fowler

13. Birthplace Kenilworth (City, town, or county)

Missouri (State or foreign country)

14. Maiden name Mattie Houston

15. Birthplace Kenilworth (City, town, or county)

Missouri (State or foreign country)

16. (a) Informant Person next door

(b) Address Queen City Mo

17. (a) Burial (b) Date thereof Oct 25 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Queencity Mo

18. (a) Signature of General Director Wm M. Keith

(b) Address Queencity Mo

19. (a) 10-28-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 23 1946, to Oct 26 1946 that I last saw him alive on Oct 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 3 days

Due to Myocardial disease and

Due to Probable Cas. of stomach or liver with hemorrhage from stomach 30 days?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 465 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 George E. Ginn (M. D. or other) MD
Address Kennett, Missouri Date signed 10/26/46

RECEIVED

Sanitary Health Officer

NOV 25 1948

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 self

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm M West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.