

No. 2
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5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16252

Registration District No. 359

Primary Registration District No. 6219

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Sheldon R. R. #2 Drywood
(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 years, months or days)

In this community 52 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELI BENJAMIN FOWLER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rhoda May Fowler 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 27 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Henry Fowler

{ 13. Birthplace Unknown (City, town, or county) (State or foreign country)

{ 14. Maiden name Sara Jane McKee

{ 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rhoda Fowler

(b) Address Sheldon R. R. #2

17. (a) Burial (b) Date thereof 5 9 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo.

18. (a) Signature of funeral director L. Gerald Beeny

(b) Address Sheldon, Mo.

19. (a) 5-10-47 (b) Mrs. Ruth Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108

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

(d) Street No. 2 miles north of Sheldon 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-7 day May
year 1947 hour 10³⁰ minute 20 M.

21. I hereby certify that I attended the deceased from 10³⁰ PM, 1947, or 5/7/47 1947
that I last saw him alive on 5/7/47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 1/2 hrs.

Due to Coronary sclerosis

Due to _____

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

Major findings: none 94A

Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature Marvin C. Davis M.D. (M.D. or other) _____

Address Sheldon, Mo. Date signed 5/8/47

RECEIVED
District Health Officer No. 7
4-17-52
District File Number 5-14-47
Date Filed

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 P. Gerald Beene
Licensed Embalmer No. 4203
P. O. Address Sheldon, Md

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: