

FILED SEP 15 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **760**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St John's Hospital**
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution **1 1/2 days**
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Hickory**

(c) City or town **Hermitage**
(If outside city or town limits, write "RURAL")

(d) Street No. **Box 97**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Cheryl Lynn Fowler**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28**
year **1947** hour **7** minute **53 A.M.**

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

21. I hereby certify that I attended the deceased from **August 26, 1947** to **August 28, 1947**; that I last saw h.e.r. alive on **August 28, 1947** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **2 1**

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

7. Birth date of deceased **8 - 26 - 47**
(Month) (Day) (Year)

Immediate cause of death **CAUSE UNDETERMINED** Duration _____

NATURAL DEATH

8. AGE:	Years	Months	Days	If less than one day
	-	-	1	13 hr. min.

Due to _____

Due to _____

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations **200**

Of autopsy _____

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **George Fowler, Jr.**

13. Birthplace **Pittsburgh, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Taylor**

15. Birthplace **Hermitage, Mo.**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Mrs George Fowler**

(b) Address **Hermitage, Mo.**

17. (a) **removal** (b) Date thereof **8-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermitage, Mo.**

18. (a) Signature of funeral director **Frank Smith**

(b) Address **Fish body to Hermitage**

19. (a) **9-5-47** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

23. Signature **John P. Ferguson** (M. D. or other) **M.D.**

Address **Medical Arts Bldg. Springfield, Mo.** Date signed **8/28/47**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.