

S. No. 2
4-8-43
5-17-39
K37923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28577
Registrar's No. 278

Registration District No. 274 Primary Registration District No. 5930

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Hughesville
(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 75 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Elmer Fowler
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 12 year 1947 hour 1 minute 55 P.M.
21. I hereby certify that I attended the deceased from Sept 1st 1946 to Aug 12 1947
that I last saw her alive on Aug 12 1947 and that death occurred on the date and hour stated above.

4. Female 5. Color white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife William Fowler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 27 1849
(Month) (Day) (Year)

Immediate cause of death myocardial degeneration with oedema of lungs
Due to senility
Duration _____

8. AGE: Years Months Days If less than one day
98 3 15 hr. min.
9. Birthplace Castle Estate Scotland
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations A.M.D.
Of autopsy _____

10. Usual occupation at home
11. Industry or business _____
12. Name James Pryce 4
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Pryce 4
15. Birthplace Scotland
(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 Ray Hunt
(b) Address Sedalia mo
17. (a) Burial (b) Date thereof 8-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Point
18. (a) Signature of funeral director Betty Yeager
(b) Address Sedalia, Mo
19. (a) 8-14-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

23. Signature H. J. Bishop (M. D. or other) M.D.
Address Sedalia mo Date signed 8-13-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-9-47

DEC 14 1949

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. 3868

P. O. Address Sedalia

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.