

No. 300
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16323
2351
Registrar's No. _____

FILED JUN 12 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vinyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-14-48-6-1-48
In this community About 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 East 8th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Murry M. Fowler
(b) If veteran, name war None
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st
year 1948 hour _____ minute _____
21. I hereby certify that I attended the deceased from June 1
1948, 19____, to June 1 1948
that I last saw him alive on May 31 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Edna Fowler
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 13 1873
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach
Duration _____

8. AGE: Years 74 Months 5 Days 22
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Harrisonville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

Other conditions W.C.B.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name A.A. Fowler

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

14. Maiden name Henerritta McKnight

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

Major findings: Senility
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mana Breen

(b) Address 1023 East 8th Street: K.C. 10

17. (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetary

18. (e) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C., Mo.

19. (a) 6-4-48 (b) Geraldine Holmes
(Date received from Registrar) (Registrar's signature)

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 R. J. Kim... (M. D. county) D.O.
Address 3937 Main Date signed June 3 48

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

Blaine E. Weiler

Licensed Embalmer No.

4075

P. O. Address

K.C. 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.