

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED SEP 21 1948

3010

Registration District No. **33**

Primary Registration District No. **3010**

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU, MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SOUTHEAST MISSOURI HOSP.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NEW MADRID

(c) City or town New Madrid, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL RT. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country NONE

3. (a) PRINT FULL NAME Baby Fowler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M D

5. Color or race White

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased SEPT. 12, 1948  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-12, 1948, to 9-13, 1948, that I last saw him alive on 9-13, 1948, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	<u>0 hr. 0 min.</u>

Immediate cause of death Atelectasis

Due to Prematurity

Due to Premature Labor

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace CAPE GIRARDEAU, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name Cecil Fowler

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

14. Maiden name ALMA RUTH CARROLL

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

PHYSICIAN

Major findings: Of operations

Of autopsy 159

Underline the cause to which death should be charged statistically.

16. (a) Informant W. B. Fowler

(b) Address NEW MADRID, MO, RT. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SEPT. 14, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary

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?

18. (a) Signature of funeral director Friend

(b) Address New Madrid, RT. 1

19. (a) 9-15-48 (Date received local registrar) (b) C. G. Sumner (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature Gibson (M. D. or other) Date signed 9-14-48

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

RECEIVED

District Health Officer No. 4  
District File Number 948-1188  
Date Filed 9-20-48

---

---

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.....

*Not Embalmed*

.....  
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.**