

FILED JUN 5 1946  
 Registration District No. 137

Primary Registration District No. 5513

State File No. \_\_\_\_\_  
 Registrar's No. 101

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Brownington Mo R # 2  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Leesville Trip 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community all life  
years, months or days)

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

3. (a) PRINT FULL NAME WILLIAM, FOWLER

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Debra Fowler 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased Aug 21 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	2	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Walter Fowler

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

14. Maiden name Sarah maiden

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

16. (a) Informant Everett Fowler  
 (b) Address Brownington Mo

17. (a) Burial (b) Date thereof 5-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus & Peck  
 (b) Address Clinton Mo

19. (a) 5-24-46 (b) R. M. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
 year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 1945 to May 23 1946  
 that I last saw him alive on May 23 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of bladder Duration 2 years

Due to ✓

Due to ✓

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations none 468

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:

(a) Accident, suicide, or homicide (specify) no

(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 S. B. Hughes (M. D. or other) MD  
 Address Clinton Mo Date signed 5/25/46

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

2

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0

153

RECEIVED

District Office No. 7,

District No. 546-489

Date Filed 6-8-46

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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 *J E Conslus*.....

Licensed Embalmer No. *1891*.....

P. O. Address *Antony, 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.**