

FILED JAN 27 1948
Registration District No. **7**

Primary Registration District No. **5503**

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: at Home, Bethlehem Twp!
(If not in hospital or institution, write street number or location)

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

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2

(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Bethlehem Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME MAIDENS, FOWLER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nannie Fowler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb 27 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 21
If less than one day hr. min.

9. Birthplace Henry Co Mo U
(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 Maidens

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

16. (a) Informant Mrs Owen Wilson

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consuelo Peck

(b) Address Clinton Mo

19. (a) 1-19-48 (b) R. A. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1948 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 4-23 1947 to 1-18 1948
that I last saw him alive on 1-11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Myocarditis Chronic

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations C/30

Of autopsy _____

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) _____

(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. A. Kerney (M. D. or other) U
Address Clinton Mo Date signed 1/19/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 14-97-3070
Date Filed 1-26-48

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.