

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6693

State File No. 110

Registrar's No.

Registration District No. 318

Primary Registration District No. 5439

1. PLACE OF DEATH:

(a) County Greene In corner field
(b) City or town Springfield Mo R7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Greene County Farm Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From 1-18-1940
(Specify whether

In this community
years, months or days

8. (a) PRINT FULL NAME Arthur Foviler, 460

8. (b) If veteran, name war. No. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July-16- 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Knox County - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Labour farmer.

11. Industry or business

12. Name William Fowler
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Records at Greene Co. farm
(b) Address Springfield R7.

17. (a) Burial (b) Date thereof 2/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Dean Funeral Service
(b) Address 24 Green Mo.

19. (a) 2/3/40 (b) Chas A George Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 N Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1940 hour 7 minute 9 P M.

21. I hereby certify that I attended the deceased from Jan 4
1940 to Feb 1 1940
that I last saw him alive on Jan 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis 1936
Due to

Due to 1934

Other conditions (Include pregnancy within 3 months of death)
Chronic Nephritis 1934
Major findings: PHYSICIAN
Of operations

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
Signature E.C. Mullins (M. D. or other) MD
Address Springfield Mo Date signed 2/3/40

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Lucas Bross*.....

Licensed Embalmer No. *1464*.....

P. O. Address *Walton Grove St*.....

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, above space should be left blank.