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13-40
7-39
X23159

REC'D MAR 14 1941
Registration District No. 399

Primary Registration District No. 1002

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 1/11/41 2 Weeks
(Specify whether
In this community 13 Years
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. 6832 Cherry Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Mr. Warren Glenn Fowler

3. (b) If veteran, name war No 3. (c) Social Security No. 486-07-3140

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Dorothy B. Fowler 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased December 15 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation Civil Engineer

11. Industry or business Black & Veatch Consulting Engineers

12. Name James W. Fowler

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

14. Maiden name Mary Susan Butler

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

16. (a) Informant Mrs. Dorothy Fowler

(b) Address 6832 Cherry

17. (a) Burial (b) Date thereof 2-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (e) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/15/41 (b) B. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1941 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 25 1940 to Feb 14 1941; that I last saw him alive on Feb 13-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to 9/4/40
Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary Thrombosis
Of autopsy

Duration
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)

(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) 9800 years of injury 0

23. Signature E. B. Ho... (M. D. or other) MD
Address 1002 Apple Bldg Date signed

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

MOTHER FATHER

9:30-5-11

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.....



Licensed Embalmer No. 4043

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.