

3. No. 2  
-1-4-41  
.5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23994

State File No.

2533

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 0  
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. 3214 Olive St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Fred D. Fowler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Malvina Fowler 6. (c) Age of husband or wife if alive                      years  
7. Birth date of deceased Dec. 27th 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 6 8 hr. 0 min.

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

10. Usual occupation None

11. Industry or business                     

MOTHER FATHER { 12. Name James Fowler  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Davidson  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital

17. (a) Cremation (b) Date thereof 7-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery, K.C. Mo.

18. (a) Signature of funeral director W.A. Lohmeyer

(b) Address City mortician

19. (a) 7-5-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1941 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-1-1941 19           to 7-4-1941 19          ;  
that I last saw him alive on 7-4-1941 19          ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis, Coronary sclerosis and myocardial fibrosis

Due to                       
Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Major findings:  
Of operations                       
Of autopsy                       
See above

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?                     

(Specify type of place) While at work? (e) Means of injury                       
23. Signature                      (M. D. or other) 0  
Address Med. Dir. K.C. Gen. Hospital Date 7-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

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.**