

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **219 W Madison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 yrs**
(Specify whether years, months or days) **12 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **219 W Madison St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs Revalona Clara Fowler

MEDICAL CERTIFICATION

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **Jan** day **9**
year **1942** hour **7** minute **30 P.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if deceased **deceased**
7. Birth date of deceased **September 30 1899**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 30 1941** to **January 9 1942**
that I last saw her alive on **January 9 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **11 days**

8. AGE: Years **82** Months **3** Days **9** If less than one day hr min.

Due to _____
Due to _____

9. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

Other conditions **Cerebral hemorrhage; paralysis of right side for 3 years.**

10. Usual occupation **None**

Major findings: Of operations _____

11. Industry or business **None**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Bonnie Schmickle**

(b) Address **219 W Madison**

17. (a) **Burial** (b) Date thereof **Jan. 12, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chinking Creek**

18. (a) Signature of funeral director **Fred R. Pheme**

(b) Address **1100 Boonville Ave**

19. (a) **1-12-42** (b) **D. W. Stauden**
(Date received local registrar) (Registrar's signature)

Of autopsy **No Autopsy.**

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 **Delia R. Webb** (M. D. or other) _____

Address **Springfield, Mo.** Date signed **7/9/42**

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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.....

Fred C. Thorne

Licensed Embalmer No.....

362899

P. O. Address.....

Spfld, 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.