

13705/

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 8 1942

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 45 yrs  
years, months or days

3. (a) PRINT FULL NAME LUCINDA FOWLER

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

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

6. (b) Name of husband or wife R. W. Fowler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 1 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Workman

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. V. B. Sperron  
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof April 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Grove Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME  
(b) Address Lamar, Missouri

19. (a) 4-15-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 508 Mill Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1942 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 9  
1942 to April 1942, 19\_\_\_\_;  
that I last saw her alive on April 12 1942, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death Broncho-Pneumonia

Due to Fracture of right hip in falling at home

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 006

(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 C. E. Duckert (M. D. or other) MD  
Address Lamar, Mo. Date signed April 14 1942

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 542-627

Date Filed MAY 6 1942

**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 Lisle S. Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri

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.