No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24424

State File No.

Registration District No. 380 Primary Registration District No. 5530 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Franklin Twp.
(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 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Franklin
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARY 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 Married
6. (b) Name of husband ~~or wife~~ James Fowler
6. (c) Age of husband ~~or wife~~ if alive 76 years
7. Birth date of deceased May (Month) 13 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Greenup Co. (City, town, or county) Ky. (State or foreign country)
10. Usual occupation at Home.
11. Industry or business
FATHER
12. Name Barney Cripple
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Gertrude Hartman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant James Fowler
(b) Address Franklin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Clarks Chapel
18. (a) Signature of funeral director C. S. Duncan
(b) Address New Franklin Mo
19. (a) 7-27-42 (Date received local registrar) (b) Thomas S. Denny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th. year 1942 hour 9 P. minute — M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h— alive on —, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Heart Attack / Duration sudden
Due to Hyperthyroidism
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations Exopthalic Gaitre
Of autopsy No

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 J. C. Richards (M. D. or other) Coroner
Address Fayette Date signed

1224

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number .....

Date Filed 8-6-42

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 T. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, T.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24424

Registration District No. 380 Primary Registration District No. 6530 Registrar's No. 8

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural (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 sudden (Specify whether years, months or days)

In this community at her home in Co

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howard

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

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Mary Fowler

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 13 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 13 If less than one day ... or ... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1942 hour ... minute ... M.

21. I hereby certify that I attended the deceased from ... 19 ... to ... 19 ...; that I last saw h... alive on ... 19 ...; and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack — Duration Sudden

Due to Hypothyroidism

Due to Exophthalmic Goitre Sudden Chronic Myocarditis

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy Arteriosclerosis Fell dead at home

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? no injury (Specify type of place)

While at work? (c) Means of injury

23. Signature J. C. Richards (M. D. or other) Coroner

Address Hazlette Howard Co Date signed 8-25-42