

FILED NOV 9 1942  
 149

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

48  
 883

**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: **General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)  
 In this community **45 year**

**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. **3220 Paseo**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Fowler Eleanor**  
 (b) If veteran, name war **NO** (c) Social Security No. **495-03-0584**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct** day **23**  
 year **1942** hour **5** minute **40** A. M.

**4. Sex** **Fe** **1** **5. Color or race** **wh**  
**6. (a) Single, widowed, married, divorced, single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **July 13 1876**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Oct 22 1942 to Oct 23 1942**  
 that I last saw her alive on **October 23 1942**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **66** Months **3** Days **10**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Perforated appendix**  
 Duration \_\_\_\_\_

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

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

**10. Usual occupation** **Party clerk**

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

**11. Industry or business** **Emery Bird Thayer Dry Goods**

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
**12. Name** **James Fowler**  
**13. Birthplace** **No Record**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **No Record**  
**15. Birthplace** **No Record**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Eleanor Halley**  
**(b) Address** **1212 E 39 St.**

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_

**17. (a) (Burial, cremation, or removal)** **Cremation** **(b) Date thereof** **Oct 26 1942**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Edgewood**

**(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?** \_\_\_\_\_

**18. (a) Signature of funeral director** **J. W. Wagner**  
**(b) Address** **Kansas City Mo**  
**19. (a) 10-24-42 (b) H. M. Brown**  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
**23. Signature** **Emery R. Thoon** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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 A. R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.**