

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41369

FILED JAN 15 1943
Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 110

67
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
505 MKT ST 1
(If not in hospital or institution, write street number or location)

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

In this community All of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Missouri

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

(d) Street No. 505 Market St.
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Ronald Senard Fowler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 5. Color or race white 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 June 19 1942
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|----------|----------|-----------|----------------------|
| | <u>0</u> | <u>3</u> | <u>23</u> | hr. _____ min. _____ |

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Freeman Fowler

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

14. Maiden name Fiddell Berry

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

16. (a) Informant Freeman Fowler

(b) Address Charleston Mo.

17. (a) BURIAL (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON MO

18. (a) Signature of funeral director John S. Mumford

(b) Address Charleston Mo

19. (a) 1-1-43 (b) D. J. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1942 hour 100 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10/11/42
19____ to 10/12/42 19____

that I last saw her alive on 10/12/42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar Pneumonia

Due to _____

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 _____

(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)

23. Signature Paul S. Mumford (M. D. or other) _____

Address Charleston Mo Date signed 10/2/42

Duration _____

Underline the cause to which death should be charged statistically.

1207 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 143-54

Date Filed 1-6-53

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.

Not Embalmed
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.