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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25830

FILED AUG 0 1943

Registration District No. 91 | Primary Registration District No. 5988 | Registrar's No. 61

1. PLACE OF DEATH:

(a) County PUTNAM

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

(c) Name of hospital or institution: LIVONIA / MO. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community years, months or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM 86 0

(c) City or town RURAL ELM, TWP 0 (If outside city or town limits, write "RURAL")

(d) Street No. LIVONIA, MO. (If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME MARY MELVINIA FOWLER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife John H.

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

7. Birth date of deceased MAR. (Month) 21 (Day) — 1873 (Year)

8. AGE: Years 70 | Months 2 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace PUTNAM CO MO. 0 (City, town or county) (State or foreign country)

10. Usual occupation HOME WORK

11. Industry or business

FATHER
12. Name SAMUEL BROOKHART
13. Birthplace Unk 9 (City, town or county) (State or foreign country)

MOTHER
14. Maiden name MARQUETT BURROS
15. Birthplace Unk 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Will Sutter

(b) Address Livonia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brookhart Cem

18. (a) Signature of funeral director [illegible]

(b) Address Monroe, Mo.

19. (a) 8/30/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1, 1943, to June 15, 1943; that I last saw her alive on June 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings:
Of operations
Of autopsy

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 No

23. Signature R. E. Vaughn (M. D. or other) Dr. Or

Address Lancaster, Mo. Date signed June 15, 1943

10975 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-126 1
Date Filed AUG 5 1943

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 R O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.