

S. No. 2
 M-2-43
 5-17-39
 X35897

13665

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 1852

Registration District No. 149

Primary Registration District No. 1002

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether)
 In this community 23 years
years, months or days

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. 2429 Charlotte
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Fowler
 3. (b) If veteran, name war none
 3. (c) Social Security No. 490-09-1834

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 26
 year 1944 hour 6 minute A. M.
 21. I hereby certify that I attended the deceased from April 17 1944 to April 26 1944
 that I last saw h. im alive on April 26 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ethel Fowler
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased April 14 1887
(Month) (Day) (Year)

Immediate cause of death Bilateral pulmonary tuberculosis Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 0 Days 12
 If less than one day _____ hr. _____ min.

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy See above
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

MOTHER FATHER
 11. Industry or business _____
 12. Name William Fowler
 13. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Padon
 15. Birthplace Tennet point Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Fowler
 (b) Address 11200 Kentucky, K.C. Mo.
 17. (a) Burial (b) Date thereof 4-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodsbury Cem

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)
 (e) Means of injury _____
 23. Signature Albert E. Gopher M.D. (M. D. or other)
 Address Med. Dir. Gen'l Hosp. Date signed 4-26-44

18. (a) Signature of funeral director W. E. Brown
 (b) Address Independence, Mo.
 19. (a) 4-28-44 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

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

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 *Floyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Independence*

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.