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ev. 5-17-39
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24157

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 171

Registration District No. 146
Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence mo
(c) Name of hospital or institution: Independence Sanatorium
(d) Length of stay: In hospital or institution 3 weeks
In this community 25 years
years, months or days

3. (a) PRIN FULL NAME Elizabeth Estelle Fowler
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert E. Fowler
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Oct 10 1878-1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 65 8 4 hr. min.

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

10. Usual occupation Housewife

11. (a) Name of father Matthew Rogers
(b) Birthplace Waukegan Ill
(c) Maiden name Cady Carr
(d) Birthplace Missouri

12. Informant Robert E. Fowler
(b) Address 628 Hardy Fairmount mo

17. (a) Burial (b) Date thereof June 16-1945
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director W. C. R. Foster
(b) Address 918 Brooklyn R.C. Mo

19. (a) 6-14-45 (Date received local registrar)
(b) James Wood (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Fairmount mo 0
(d) Street No. 628 Hardy Blue Imp 2
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
year 1945 hour minute 2:35 P.
21. I hereby certify that I attended the deceased from May 24 1945 to June 13 1945
that I last saw the deceased alive on June 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic Anemia
Duration 6 days
Due to _____
Due to _____

Other conditions Chronic Ulcerative Gastritis
(Include pregnancy within 3 months of death)

Major findings: Chronic Ulcerative Gastritis
Of operations _____
Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature of physician Howard V. Woods (M. D. or other)
Address Independence Mo Date signed 6/14/45

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1163

(Licensed Embalmer's Statement on Reverse Side)

Dr Harold Woods
Pl- 4070-

2330 So 6 Pm

APR 30 1945

NO. 02 NAC

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 Joe B. Yoder

Licensed Embalmer No. 4773

P. O. Address 918 Brooklyn

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.

K.C. mo.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 28 day of June, 1945, before me appears Robert E Fowler, who, upon his oath, states that the original record of ^{birth} ~~death~~ for Elizabeth Garbath Fowler ^{died} ~~born~~ June 13 - 1878, 1945, in the State of Missouri, and which was filed at Harrison City Mo on June 15, 1945, should be corrected as follows:

Item No. 7 should read October 10 - 1878

Instead of Oct-9- 1879

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert E. Fowler Relationship.

628 Hardy Kansas City, mo Present Address.

Subscribed and sworn to before me this 28 day of June, 1945.

My Commission expires June 18 - 1948 Jas E. Huston Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

24197

RECEIVED
FEB 16 1957
COMMUNICATIONS SECTION
U.S. AIR FORCE