

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38835
Registrar's No. _____

Registration District No. 266 Primary Registration District No. 6241

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Inc.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Potosi 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington ¹¹⁰
(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. near Potosi mo. ⁰
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold Lee Fowler
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 29
year 1945 hour 8 minute P. M.

4. Sex M. ⁰ 5. Color or race W.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Oct 29 ¹⁹⁴⁵ to Oct 29 ¹⁹⁴⁵
that I last saw him alive on Oct 29 ¹⁹⁴⁵
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct ⁰ 29 ⁰ 45 ⁰
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____
If less than one day 7 hr. _____ min.

Immediate cause of death Prematurity
Due to 7 months
Due to Pregnancy
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 159
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name Louis P. Fowler
13. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lilla Warden
15. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis P. Fowler
(b) Address Potosi mo.

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potosi mo.

18. (a) Signature of funeral director Annie Sparks
(b) Address Potosi mo.
19. (a) Nov 1 1945 (b) Mrs. G. Creswell
(Date received local registrar) (Registrar's signature)

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)
(e) While at work? _____ (c) Means of injury 0
23. Signature J. F. Russell (M. D. or D. O.) 11/1/45
Address Potosi mo. Date signed _____

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

MOTHER FATHER

10 01

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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.....

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.