

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23596

FILED AUG 14 1946
199

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3344

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:
1021 Woodland
(If not in hospital or institution, write street number or location)

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

In this community 40 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. 1021 Woodland
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clarence H. Fowler

3. (b) If veteran, name war no

3. (c) Social Security No. 573-14-1048

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Pearl Fowler

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March - 11 - 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 20 1946 to July 30 1946 and that death occurred on the date and hour stated above.

that I last saw him alive on July 30 1946

Immediate cause of death: Carcinoma of the Sigmoid metastasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: 462

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

63 4 19 hr. min.

9. Birthplace Mound city Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired

MOTHER FATHER

11. Industry or business _____

12. Name George B. Fowler

13. Birthplace unknown

14. Maiden name Mary Sautchary

15. Birthplace unknown

16. (a) Informant Mrs. Pearl Fowler

(b) Address 1021 Woodland, Kansas City, Mo.

17. (a) Burial (b) Date thereof 8/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Pilla

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 8-3-46 (b) Geraldine Holmes
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. V. Miller (M. D. or other) _____
Address 1203 Paseo Date signed 8-3-46

(Licensed Embalmer's Statement on Reverse Side)

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

20452

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

E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, 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.