

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7714**
Registrar's No. **50**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirksville**
(c) Name of hospital or institution: **Comm. Nursing Home**
(d) Length of stay: In hospital or institution **6 months**
In this community **6 months**

3. (a) PRINT FULL NAME **Amy May Fowler**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **James A. Fowler**
6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Aug. 1 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **18**
If less than one day hr. min.

9. Birthplace **Kirksville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Domestic**

12. Name **James A. Fowler**
13. Birthplace **Brown Co. Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Agella Fowler**
15. Birthplace **Adams Pa. Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. A. Macklin**
(b) Address **Kirksville, Mo.**

17. (a) **Burial** (b) Date thereof **2-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cent. Steffenville Mo.**

18. (a) Signature of funeral director **Davis Funeral Home**
(b) Address **Kirksville, Mo.**

19. (a) **2-28-47** (b) **Not Lambert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Lewis**
(c) City or town **Steffenville**
(d) Street No. **W. Main St.**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **19**
year **1947** hour **12** minute **35** A.M.
21. I hereby certify that I attended the deceased from **Feb 6** 19**47** to **Feb 19** 19**47**
that I last saw him alive on **Feb 18** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia** 12 hrs
Due to **Myocardial failure** years
Due to **hypochromic anemia** years
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **73C**
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury **2**
23. Signature **M. T. Guterbach**
Address **Kirksville, Mo.** Date signed **2-19-47**

RECEIVED
District Health Officer No. 10
District File Number 3-47-536
Filed MAR 21 1947

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, _____

working under my personal supervision.

Signed Clarence M. Bullo Registered Apprentice No. _____
Licensed Embalmer No. 4375
P. O. Address Kirkville, 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.