

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45838
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5628 Registered No. 65
 (c) City Aurora (d) Street No. R.F.D. # 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Infant Of Efton & Margureite Rowe
 (a) Residence, No. R.F.D. # 2 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 7-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 45 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lawrence County /
 (STATE OR COUNTRY) Missouri.

13. NAME Efton Rowe /

14. BIRTHPLACE (CITY OR TOWN) Aurora /
 (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Margureite Garner

16. BIRTHPLACE (CITY OR TOWN) Mt Vernon /
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Mr Efton Rowe
 (ADDRESS) Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marionville Mo DATE Dec, 8 1937

19. FUNERAL DIRECTOR King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED Dec 7 1937 O.P.U. coroner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 7 1937

22. I HEREBY CERTIFY. That I attended deceased from Dec 7, 1937, to Dec 7, 1937

I last saw her alive on Dec 7, 1937. Death is said

to have occurred on the date stated above, at 12.01 P.M.

The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance:

159

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) J. Will Smith, M. D.

(Address) Aurora Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)