

REC'D MAR 13 1939

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

6515

Do not use this space.

110

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township 3 Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 814 W. Walnut St. Registered No. 110
(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 1 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Pearl Brite Rowden
(a) Residence, No. Santa Monica, California St. Santa Monica Calif
(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) Widow
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gus Rowden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 54 11 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County, Mo.

- FATHER
13. NAME William Brite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

- MOTHER
15. MAIDEN NAME Mattie Hendershot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

17. INFORMANT (ADDRESS) Desmond E. Brite
814 W. Walnut, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pierce City, Mo. DATE February 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Williams
Springfield, Mo.

20. FILED Feb 7 1939 Chas A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1937, to Feb 6, 1939
I last saw her alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 9 1/2 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Apoplex

Date of onset

Other contributory causes of importance:

not known

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? no

If so, specify _____

(Signed) J. V. B. P. P. P. M. D.(Address) 679 N. Webster Springfield, 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ralph Thieme

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Ralph Thieme

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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, above space should be left blank.