

RECD JUL 18 1939

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

22879  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 653  
 (b) Township Druggers Primary Registration District No. 5871  
 (c) City [Redacted] (d) Street No. [Redacted] St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town [Redacted] yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. [Redacted] St. [Redacted] (If nonresident, give city or town and State)  
Charley Rowe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Rowe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1864  
 7. AGE YEARS 74 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Labor  
 9. Industry or business in which work was done, as saw mill, bank, etc. [Redacted]  
 10. Date deceased last worked at this occupation (month and year) [Redacted] 11. Total time (years) spent in this occupation [Redacted]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Mo.

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) Orno Cummings

18. BURIAL, CREMATION, OR REMOVAL PLACE Safe Mt DATE 6/24 1939

19. FUNERAL DIRECTOR (ADDRESS) Emerson & Burns

Hornerville Mo

20. FILED 6/24 1939 Mrs Pearl Kelley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, (That I attended deceased from June 13, 1939 to June 23, 1939 I last saw him alive on June 22, 1939. Death is said to have occurred on the date stated above, at 12:25 a.m.)  
 The principal cause of death and related causes of importance were as follows:

Dysentery Date of onset 6/13  
Retention

Other contributory causes of importance:

Name of operation [Redacted] Date of [Redacted]  
 What test confirmed diagnosis? [Redacted] Was there an autopsy? [Redacted]

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

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

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

Manner of injury [Redacted]

Nature of injury [Redacted]

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Asier J. Sheer, M. D.

(Address) Deering

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 3,

District File Number 739-400

Date Filed 7/7/39

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... 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.)**