

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

8565
Do not use this space.

FILED MAR 7 - 1940

1. PLACE OF DEATH

(a) County Wentz Registration District No. 904
 (b) Township Wentz Union 2 Primary Registration District No. 6215-
 (c) City Sheldon or (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA FEDELLA ROWEN

(a) Residence, No. same St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Rowen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1856
 7. AGE YEARS 83 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1940
 22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1940 to 2-19 1940
 I last saw her alive on 2-18 1940 Death is said to have occurred on the date stated above, at 9:02 A.M.
 The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
Influenza
 Date of onset 1930
 Other contributory causes of importance: Influenza
 Name of operation none Date of _____
 What test confirmed diagnosis? Smear Was there an autopsy? no
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Indiana

FATHER 13. NAME William O. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chio

MOTHER 15. MAIDEN NAME Mary Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chio

17. INFORMANT (ADDRESS) Joseph Rowen
Sheldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbourn Am. DATE 2/21 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee
Shelbourn City Mo.

20. FILED Feb. 21 - 1940 Max O. H. Bond
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Max O. H. Bond M. D.
 (Address) Shelbourn Mo.

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.

RECEIVED

District Health Officer No. 111

District File Number 340-223

Date Filed MAR 5 1940

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.....

A. C. Duffee

Licensed Embalmer No. 3252

P. O. Address Grant 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, above space should be left blank.