

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 2728 Connor Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME Wm. Douglas Rowden 350

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Rowden 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 22, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 9 _____ br. _____ min.

9. Birthplace Bellville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner 9

11. Industry or business Mines 9

12. Name Unknown 9

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Rowden

(b) Address 2728 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 6-1-40 (b) Ed J. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2728 Connor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jany 40 to May 31, 1940
that I last saw him alive on May 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, etc.

Due to Chronic Nephritis

Due to _____

Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Hurlbut (M. D. or other) 1

Address Joplin Mo Date signed 6-1-40

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

9
7
5

YES

