

32686

OPEN OCT 18 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 609Primary Registration District No. 4363Registrar's No. 108

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution:
425 DEXTER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY ROWE3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife HATTIE ROWE 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased Nov 26 1874
(Month) (Day) (Year)8. AGE: Years 65 Months 9 Days 11 If less than one day hr. _____ min.9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business RETIRED12. Name W. H. ROWE13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)14. Maiden name HARRIET CALDWELL15. Birthplace INDIANA
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Hattie Rowe(b) Address Neosho 11017. (a) BURIAL (b) Date thereof Sept 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WOODS CEMETERY18. (a) Signature of funeral director W. J. Ham(b) Address NEOSHO MISSOURI19. (a) 9-9-40 (b) Ana R. Sale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No. 425 DEXTER
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Sept.
year 1940 hour 6 minute 30 P. M.21. I hereby certify that I attended the deceased from Feb.
16, 1940 to Sept. 7, 1940that I last saw him alive on Sept. 7, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Acute dilatation of heart
Duration _____Due to Chronic Interstitial ne-
phritis and edema.

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)Major findings: None
Of operations _____Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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?
543While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Ana R. Sale (M. D. or other) _____
Address Neosho, Mo. Date signed 9/9

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. 6

District File Number 1040-2727

Date Filed OCT 14 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

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed J. B. [Signature]

Licensed Embalmer No. 2689

P. O. Address Georgetown

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.