

S. No. 2  
-11-10-39  
5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3090**

**FILED FEB 17 1941**

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **67**

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

**1. PLACE OF DEATH:**  
 (a) County Johnson  
 (b) City or town Warrensburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 47 yrs. years, months or days

**8. (a) PRINT FULL NAME** Florence Lewellen Rowlett  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** none

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Jan - 27 - 1869 (Month) (Day) (Year)

**8. AGE:** Years 73 Months 0 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Dunkburg Mo (City, town, or village) (State or foreign country)

**10. Usual occupation** Housekeeper

**11. Industry or business**  
**MOTHER FATHER**  
**12. Name** Wesley Rowlett  
**13. Birthplace** Leussville Ky (City, town, or county) (State or foreign country)  
**14. Maiden name** Margaret L. Shepard  
**15. Birthplace** Ash Grove Ia (City, town, or county) (State or foreign country)

**16. (a) Informant** Mat Rowlett  
**(b) Address** Warrensburg - Mo  
**17. (a) Burial, cremation, or removal** burial **(b) Date thereof** Jan 31 - 1941 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Sunset Hill

**18. (a) Signature of funeral director** Sweeney - Phillips  
**(b) Address** Warrensburg, Mo  
**19. (a) Date received local registrar** Jan 31 - 41 **(b) Registrar's signature** V. L. Hartig

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Johnson  
 (c) City or town Warrensburg (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan - 29 day \_\_\_\_\_ year 1941 hour 11:30 minute A. M.  
**21. I hereby certify that I attended the deceased from** Jan 31 1940 to Jan 29 1941;  
 that I last saw her alive on Jan 29 1941;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Chronic myocarditis **Duration** 3 yrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
**Other conditions** \_\_\_\_\_ (Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** Ch. Phelan M.D. (M. D. or other) D  
**Address** Warrensburg Mo **Date signed** 1/31/41

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed  
7-4-6

**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 \_\_\_\_\_

*Earl Priest*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warensburg

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.