

FEB 25 1941
Registration District No. 607

Primary Registration District No. 5806

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Walden
(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 3
In this community 1 years, months or days

3. (a) PRINT FULL NAME

L. G. Rowden

3. (b) If veteran, name war MM-0

3. (c) Social Security No. 4-10-14-6883

4. Sex Male
5. Color or race white

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Tena Mitchell Rowden

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased May 1919

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>9</u>	<u>10</u>	hr. min.

9. Birthplace Obion Tenn

10. Usual occupation operates auto truck

11. Industry or business

12. Name L. G. Rowden Sr

13. Birthplace Walden Tenn

14. Maiden name Tena Fanner

15. Birthplace Madison Tenn

16. (a) Informant Ms. L. G. Rowden

(b) Address Eldridge Tenn

17. (a) Removal (b) Date thereof Feb 11 1941

(c) Place: burial or cremation Eldridge Tenn

18. (a) Signature of funeral director F. G. ...

(b) Address Obion Tenn

19. (a) Feb 25 1941 (b) Mary W. Cook

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Obion
(c) City or town Tenn
(If outside city or town limits write "RURAL")
(d) Street No. 40
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed body + head injury in truck accident - only
Due to one truck involved

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 1700

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 10 - 1941

(c) Where did injury occur? Walden

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway - 61

While at work? yes (e) Means of injury Car

23. Signature L. A. ... (Mr. D. or other) 3
Address New Madrid Date signed Feb 11 1941

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

170-C
93

From Highway Report - 7-14-41

Struck a fixed object -

O-MAX

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.....

Licensed Embalmer No.....

P. O. Address.....

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.