

FILED MAR 17 1941 31
Registration District No. _____

Primary Registration District No. **3023**

Registrar's No. **25**

I. 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 34 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 20
(If outside city or town limits write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 11
year 1941 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from Feb 9
1941, to Feb 15, 1941.

that I last saw him alive on Feb 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 3 days

Due to 9 hr infarction

Due to _____

Other conditions 33B
(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 W B Hall (M. D. or other) D
Address Warrensburg Mo Date signed 2/12/41

3. (a) PRINT FULL NAME James Madison Rowlett

3. (b) If veteran name war _____ 3. (c) Social Security No. none

4. Sex male 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 _____

7. Birth date of deceased Feb - 7 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Winksburg - Mo (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name James M Wesley Rowlett

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

14. Maiden name Margaret L Shepard

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

16. (a) Informant May Rowlett

(b) Address Warrensburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb - 13 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hills

18. (a) Signature of funeral director Sweeney Phillip

(b) Address Warrensburg, Mo
19. (a) Feb 13 - 1941 (Date received local registrar) (b) Bertie Bealy (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-5-41

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

Warren

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.