

No. 2
-4-41
17-39
X26390

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4426

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6018 Morningside Drive,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 40 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 6018 Morningside Drive,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that last death occurred on _____ 19____ at _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Acute generalized peritonitis
Due to
Capture of the large intestine at
the splenic flexor
Parasitoma of the splenic flexor
of 20 color
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place) _____ (M. D. or other)

23. Signature [Signature] (M. D. or other) _____
Address K.C. Mo Date signed _____

3. (a) PRINT FULL NAME Ernest G. Rowley,

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

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

6. (b) Name of husband or wife Jeanette Rowley, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 9th 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance,

11. Industry or business X

12. Name Unknown,

13. Birthplace Unknown, (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 Mrs. Jeanette Rowley,
(b) Address 6018 Morningside Drive, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 11-29-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

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

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

[Handwritten Signature]

Licensed Embalmer No. 1413

P. O. Address P. O. 140

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, fact should be so stated above.