

JAN 14 1942 98
Registration District No.

Primary Registration District No. 3011

State File No.

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mitchell Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 11 days

3. (a) PRINT FULL NAME Charles Anton Rowner

3. (b) If veteran, name war L

3. (c) Social Security No.

4. Sex Male 5. Color or race w

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 May 7 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Bedon Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Anton Rowner

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

14. Maiden name Anna Pechman

15. Birthplace Jowa City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Pulechek

(b) Address Jowa City Ia RR #6

17. (a) Removal (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jowa City Iowa

18. (a) Signature of funeral director Clarence Michael

(b) Address Excelsior Springs Mo

19. (a) 1-2-41 (b) Master McCracken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Johnson

(c) City or town Rural
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1941 hour 7:20 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 18, 1941, to Dec 29, 1941;
that I last saw him alive on Dec 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Markedly Infected Tonsils 4 years

Due to Excessive Alcohol drinking 40 years

Diabetes (Blood Sugar) 11.76 mg/100 ml 25-3 yrs.

Other conditions: Hepatic Cirrhosis

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: nonperformed

Of operations _____

Of autopsy a

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) (Means of injury)

23. Signature Clarence Michael (M. D. or D. O.)

Address Excelsior Springs Date signed no.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-13-42.....

1-13-42

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 Robert Ray.....

Licensed Embalmer No. 4182.....

P. O. Address Excelsior Springs, Mo.....

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.