

FILED FEB 11 1942

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 142

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 St. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Rowan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leona Rowan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13 - 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Life insurance salesman

11. Industry or business Industrial Benefits

MOTHER FATHER { 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 John W. Rowan

(b) Address 4408 Highland

17. (a) Burial (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farset Hill

18. (a) Signature of funeral director W. C. M. M. Orowe

(b) Address K C 230

19. (a) 1-12-42 (b) M. M. Orowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1320 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 10th day
year 1942 hour 12 minute 25 A.M. M.

21. I hereby certify that I attended the deceased from 1-8-42 to 1-10-42 19____;
that I last saw him alive on 1-10-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic prostatitis with prostatic abscess and rupture into peritoneal cavity with peritonitis.
Due to _____

Due to _____
Other conditions 137B
(Include pregnancy within 9 months of death)

Major findings: Of operations 137B
Of autopsy See above
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 Dwight L. Thorn (M. D. or other) _____
Address St. General Hospital Date signed _____

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

HFD

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.....

Russell France..... Registered Apprentice No. *267*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2999*

P. O. Address. *Kansas City*

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.