S. No. 5
M—9-4-41
v. 5-17-39
I. X29484

JUL 8 1942

Dr. Kenney

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

21493

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 247

1. PLACE OF DEATH:

(a) County Jasper 49
(b) City or town Joplin CT. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5
1005 Roosevelt 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 Roosevelt 5
(If rural, give location)
(e) Citizen of foreign country? No D (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK ROW

3. (b) If veteran, name war none

3. (c) Social Security No. 500-09-2845

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Henritta Row

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 18, 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 25 If less than one day hr. min.

9. Birthplace La Crosse, Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation Worker

11. Industry or business Camp Crowder, Mo.

FATHER
12. Name Henry H. Row
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Miller
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henritta Row
(b) Address 1005 Roosevelt, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Jct. Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri

19. (a) 6-13-42 (Date received local registrar) (b) Gertrud Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 2:15 minute A 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 Endo-carditos

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

92

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature V. E. Kenney (M. D. or other)
Address Joplin Mo Date signed

1204 (Licensed Embalmer's Statement on Reverse Side) 6-13-42

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 David Dillow

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.