

FILED FEB 27 1943
Registration District No. **799**

Primary Registration District No. **1002**

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

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:
Research Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 6 months

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. 209 North Indiana,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Estella Rowe

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced, "widowed,"

6. (b) Name of husband or wife J. F. Rowe,

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

7. Birth date of deceased April 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 9 19 hr. min.

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

10. Usual occupation Housewife,

11. Industry or business RC

MOTHER FATHER { 12. Name Ellis Wainwright Pinker,

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

14. Maiden name Margaret Jane Greenlee

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

16. (a) Informant R. D. Stevenson,

(b) Address 209 N. Indiana, Kansas City, Mo.

17. (a) Removal (b) Date thereof 2-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wakeeney, Kansas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 2-10-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1943 hour 9,15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 4 1943 to Feb 8 1943; that I last saw her alive on 2-8 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis, Hypertension, auricular fibrillation

Due to 9/4a

Other conditions (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 [Signature] (M. D. or other)

Address 920 Myrtle Date signed 2-10-43

