

S. No. 2
OM-5-42
y. 5-17-39
1 X32875

14788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 354

Registrar's No. 37

LED APR 28 1943

Registration District No. 191

Primary Registration District No. 4364

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

59
0
0

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Sullow

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution 30 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Sullow (If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country. 0

3. (a) PRINT FULL NAME Calet Rowland

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1943 hour 9 minute 39 a.m.

4. Sex Male 5. Color or Race wh

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

6. (b) Name of husband or wife Mary Susan Rowland

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

7. Birth date of deceased Nov 25 1855 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 10 1943 to Feb. 25 1943 that I last saw him alive on Feb. 20 1943 and that death occurred on the date and hour stated above.

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

87 3 6 .hr. .min.

Immediate cause of death Chronic Nephritis

Due to Senility

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

Due to 318

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

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)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Jeter Rowland

(b) Address Sullow, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (Month) (Day) (Year)

(c) Place: burial or cremation Blackhawk Cem.

18. (a) Signature of funeral director Edward J. Neal

(b) Address Graymer, Mo

19. (a) 3/19/43 (Date received local registrar)

(b) Hannah Cople (Registrar's signature)

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 P. J. Moore (M. D. or other)

Address Sullow Mo Date signed 3-2-43

1004

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1943

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 *Demas J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Prayner*

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.