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SEP 11 1943

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Primary Registration District No. **3014**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **CLAY Liberty**
(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community **40 yrs.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Riley Rowland**

3. (b) If veteran, name war. **no** 3. (c) Social Security No. **722**

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Legge Rowland** 6. (c) Age of husband or wife if alive **3** years
7. Date of deceased **December 5 1876** (Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired farmer.**

MOTHER FATHER

11. Industry or business
12. Name **Wm Rowland** **9**
13. Birthplace **unk** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Betsy Cleverger** **9**
15. Birthplace **unk** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Mrs Legge Rowland** **spouse**
(b) Address **Liberty Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/16/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Mo**
18. (a) Signature of funeral director **Terrence Hill Funeral Home**
(b) Address **Liberty Mo.**

19. (a) **Aug 16, 1943** (Date received at local registrar) (b) **Helen Early** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **CLAY 24**
(c) City or town **LIBERTY 2**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **GALLATIEN** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13** year **1943** hour **2** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 2 1948** to **Aug 13 1948** that I last saw him alive on **Aug 13 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Parkinson's Disease 10 yrs**
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **87C**

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 **Robert Maltby** (M. D. or other) **M.D.**
Address **Liberty Mo.** Date signed **Aug 16, 1943**

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

RECEIVED
Health Officer No. 3
7-19-73

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.

Self

Signed *Victor E. Jennings*
Licensed Embalmer No. *2896*
P. O. Address *Liberty 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.