

X35697

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

32327

FILED OCT 8 1943
Registration District No. 271

Primary Registration District No. 5997

State File No. _____
Registrar's No. 103

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Near Dixon, Union Township
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Robert Lincoln Rowden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ethel Bell Rowden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 28 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham E. Rowden
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Margaret J. Rowden
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nora Ann Helton
(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/1943
(Month) (Day) (Year)
(c) Place: burial or cremation Wheeler Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) 9-11-1943 (Date received local registrar) (b) LeRoy M. Ord (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1943 hour about minute 6:00 P.M.

21. I hereby certify that I attended the deceased from never, 19____, to never, 19____;
that I last saw him alive on never, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation

Due to flames

Due to burning house that he was in

Other conditions (Include pregnancy within 3 months of death) 181-115

Major findings: Of operations _____

Of autopsy _____

Duration _____
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) accident 185
(b) Date of occurrence Sept 6, 1943
(c) Where did injury occur? Near Dixon, Pulaski, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work home (Specify type of place) (e) Means of injury fire

23. Signature C. Marshall Carver
Address Crocker, Mo. Date signed 9-7-43

DEC 13 1943

MAR 23 1945

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.....

Def. 1 *675* *1943*

Registered Apprentice No.

working under my personal supervision.

Signed

Fred D. Gilbert

Licensed Embalmer No.

2341

P. O. Address

Dixon, 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.