

FILED FEB 14 1944

Registration District No. **20**

Primary Registration District No. **5446**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Shelby**
 (b) City or town **Shelby Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Cooper's**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Shelby**
 (c) City or town **Shelby Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **E. of Shelbly B.M.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME

Mrs. Eva Florence Rowland

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Clay Downey** 6. (c) Age of husband or wife if alive **54 years**
 7. Birth date of deceased **Dec 8 1892**
 (Month) (Day) (Year)

8. AGE: Years **51** Months **1** Days **15** If less than one day hr. min.

9. Birthplace **Shelby Co MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **W.M. H. Conroy** at home

13. Birthplace **Jel. 1** (City, town, or county) (State or foreign country)

14. Maiden name **W.M. Jel. 1**

15. Birthplace **Jel. 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Clay Downey**

(b) Address **Shelby MO**

17. (a) **Burial** (b) Date thereof **1/26/44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelby**

18. (a) Signature of funeral director **Clay H. Blunt**

(b) Address **Shelby MO**

19. (a) **1/31/44** (b) **W.M. H. Conroy**
 (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **23** year **1944** hour **11:00** minute **15 P** M.

21. I hereby certify that I attended the deceased from **June 1935** to **Jan 23 1944** that I last saw her alive on **Jan 23 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary T.B.**

Due to **-**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **13 Pl**
 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) **-**
 (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? **-**
 (Specify type of place)

While at work? **-** (e) Means of injury **-**

23. Signature **B.E. Simpson** (M. D.)
 Address **Shelby MO** Date signed **1-26-44**

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

FEB 23 1958

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 _____

Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonington 140

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.