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State File No. _____

FILED APR 15 1944
Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 864

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Allenton
(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 years, months or days)

In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Allenton
(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 _____

3. (a) PRINT FULL NAME ROSA ANN TROWER

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George W. Trower

6. (c) Age of husband or wife if alive 65

7. Birth date of deceased: Jan. 28 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {

12. Name John Noonann

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

14. Maiden name Sarah McLaughlin

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

16. (a) Informant Geo. W. Trower

(b) Address Allenton, Mo.

17. (a) Burial (b) Date thereof April 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Geo. W. Trower

(b) Address Pacific, Mo.

19. (a) APR 11 1944 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec 6th 1943 to Apr 8 1944
that I last saw him alive April 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings 12/1

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 ✓

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 Wm. E. ... (M. D. or other) M.D.

Address Pacific Mo. Date signed 4-10-44

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

APR 18 1944

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 *Geo. L. Thebes*

Licensed Embalmer No. *3008*

P.O. Address *Pacific, 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.