

FILED SEP 25 1944

Registration District No. 236

Primary Registration District No. 2001

Registrar's No. 435

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Dopple
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Albion Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Newton, Mo.
(If outside city or town limits, write "RURAL") 9-3
(d) Street No. _____
(If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

FRANK ROWE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Anna Rowe 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Nov 20 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Geo. Rowe

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

14. Maiden name McHenry

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

16. (a) Informant Ed Rowe

(b) Address Granby, Mo.

17. (a) Burial (b) Date thereof Sept 10 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Green Cem.

18. (a) Signature of funeral director W. M. Jones

(b) Address W. Keating, Mo.

19. (a) 9-10-44 (b) Gertie Redholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1944 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-5-44 to 9-2-44
that I last saw him alive on 9-7-44 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to senility
Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

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 Ed S. Jones (M. D. or other) _____

Address Jasper, Mo. Date signed 9-8-44

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

1200

44-1-731

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

Wm. Marvin Pope

Licensed Embalmer No.

3442

P. O. Address

Wheaton, 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.