S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37358

Registration District No. 47 Primary Registration District No. 2757 Registrar's No. 335

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town AUXVASSE RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Non Auxvasse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether
In this community DK
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town AUXVASSE
(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 THOMAS JACKSON ROWE JR

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CAROLYN ROWE
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased JAN (Month) 16 (Day) 1892 (Year)

8. AGE: Years 52 Months 9 Days 18 If less than one day ... hr. ... min.

9. Birthplace ROWENA (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business ...

FATHER
12. Name THOMAS J. ROWE
13. Birthplace ... (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARY VANLANDINGHAM
15. Birthplace ... (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs Caryolen Rowe
(b) Address Auxvasse, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Mo
19. (a) 10-14-1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1944 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from October 12, 1944 to Oct 13, 1944 that I last saw him alive on October 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to ...

Other conditions (Include pregnancy within 3 months of death) 830

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) ...
(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 C B Nichols (M. D. or other)
Address Auxvasse Mo Date signed 10-13-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-17-44

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 Emerett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.