No. 2
8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1945

Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41299

Primary Registration District No. 5532-4223

Registrar's No. 98

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Holt

(b) City or town Maitland - Clay Twp
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~[illegible]~~ Holt

(c) City or town Maitland Clay Twp 44
(If outside city or town limits, write "RURAL")

(d) Street No. Maitland
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME Albert Rowlett

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 2

6. (b) Name of husband or wife Maggie E. Litten

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

7. Birth date of deceased June (Month) 6 (Day) 1875 (Year)

8. AGE: Years 69 Months 1 Days 22 If less than one day hr. min.

9. Birthplace 2 Miles west of Maitland, Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Elijah Rowlett
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Burier
15. Birthplace ~~[illegible]~~ Organ Mo U
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Rowlett
(b) Address Maitland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland, Mo.

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 So. Main St. Maryville, Mo.

19. (a) 12-7-44 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 1944 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from May 2, 1944, to July 29, 1944
that I last saw him alive on July 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Tongue

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 D. C. Perry (M. D. or other) MD
Address Mound City Mo Date signed 7-30-44

1185

(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.