

S. No. 2
DM-5-42
v. 5-17-39
X32873

1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
419 W. Mound St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 419 W. Mound St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 11.

3. (a) PRINT FULL NAME Mary Jane Rowe

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie F. Rowe 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 26, 1870
(Month) (Day) (Year)

8. AGE: 74 Years 6 Months 19 Days if less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Connor
13. Birthplace X Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Ann Essery
15. Birthplace X Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claudie Buchanan
(b) Address 419 W. Mound St. Carthage, Mo

17. (a) Burial (b) Date thereof 1-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Jan. 16, 1945 (b) Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14, year 1945 hour 2:58 minute A. M.

21. I hereby certify that I attended the deceased from Dec 27, 1944 to Jan 14, 1945; that I last saw him alive on Jan 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Diabetes Mellitus

Other conditions Cerebral Hemorrhage 25 days
(Include pregnancy within 3 months of death)

Major findings: Of operations 61
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?

While at work? (Specify type of place) (b) Means of injury
23. Signature R. A. Hebert (M.D. of State)
Address Carthage, Mo Date signed Jan 15, 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

45-1-75

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.....

E. Williams

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

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.