V. S. No. 2
0M—8-43
rv. 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 JAN 16 1945

Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2620

State File No.

Primary Registration District No. 3127

Registrar's No. 101

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town West City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 S. Pebble St.
(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 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town West City
(If outside city or town limits, write "RURAL")
(d) Street No. 201 S. Pebble St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Ann Rowe
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. W. Rowe
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan (Month) 11 (Day) 1886 (Year)

8. AGE: Years 58 Months 11 Days 1 If less than one day hr. min.

9. Birthplace York Town (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Wm. H. Blackburn
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Ida Mae Wilkins
15. Birthplace Wis (City, town, or county) (State or foreign country)
16. (a) Informant C. W. Rowe
(b) Address West City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Cem
18. (a) Signature of funeral director West City Chap
(b) Address West City, Mo.
19. (a) Dec. 20, 1944 (Date received local registrar) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1944 hour 7.30 minute P. M.
21. I hereby certify that I attended the deceased from May 30, 1944 to Dec 12, 1944 that I last saw h alive on Dec 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma
Malignancy of Uterus.
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 (M. D. or other)
Address Date signed 12-20-44

(Licensed Embalmer's Statement on Reverse Side)

44-12-1122

FEB 1 1945

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 Myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City. 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.