

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1944
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 234

Registration District No. 146 Primary Registration District No. 5568

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Mechanic Street RFD. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural Blue Township
(If outside city or town limits, write "RURAL")
(d) Street No. East Mechanic Street RFD. #2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERTHA LEE ROWLETT
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 John O. Rowlett 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November 9, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 16 hr. min.

9. Birthplace Chickasha, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name I. J. Reeves

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

14. Maiden name Martha Lee

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

16. (a) Informant Mr. John O. Rowlett

(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 6-30-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25, year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12/3, 1945 to 6/24, 1946
that I last saw him alive on 6/24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Left breast metastases Duration 3 yrs

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy 50

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature Vance E. Link, M.D. (M. D. or other) _____
Address Independence, Mo. Date signed 6/20/46

354 (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

Roland R. Speaks

Licensed Embalmer No. *3604*

P. O. Address

Indep. 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.