

Registration District No. 285

Primary Registration District No. 5977

1. PLACE OF DEATH:

(a) County Pack

(b) City or town Adriech, R. 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Union Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether in this community \_\_\_\_\_ years, months or days) Lifetime, since childhood

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack 84

(c) City or town Adriech R. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Union Township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Emaline Rowan

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 2 1947 to Feb 13 1947; that I last saw her alive on Feb 13 1947; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William J. Rowan

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

7. Birth date of deceased March 29 1867  
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Duration 2 1/2 hrs

8. AGE: Years Months Days If less than one day

79	10	16	_____ hr. _____ min.
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Due to Hypertension

Due to Diabetic Mellitus

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business home keeper

12. Name Michelle Berlin 5

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

14. Maiden name Mary Brown

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

16. (a) Informant Alice Rowan

(b) Address Adriech Mo R. 1

17. (a) Burial (b) Date thereof Feb 17, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Church

18. (a) Signature of funeral director Steve A. Brown

(b) Address Walnut Grove, Mo.

19. (a) 2-17-47 (b) Lillie Frieze  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy W

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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature O. F. Wilson (M. D. or other) 2/10

Address Jarvis Mo Date signed 2-17-47

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

MOTHER FATHER

261

(Licensed Embalmer's Statement on Reverse Side)

CA-2-2  
201-4-1  
UN 250

**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.....

*Red Miller*, Registered Apprentice No. *459*  
working under my personal supervision.

Signed *Gene A. Brinn*  
Licensed Embalmer No. *2664*  
P. O. Address *Neuhar Grove, 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.**