

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12388

FILED MAY 2, 1947

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett

(c) Name of hospital or institution: 2-6-12 8th St
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution none
entire life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. 612 8th St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Jesse James Rowley

3. (b) If veteran, name war none

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hours 11 minute _____ M.

21. I hereby certify that I attended the deceased from 4/16/47 7 AM
19____ to 4/16/47 7 AM 19____
that I last saw him alive on 4-16-47 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Pearl Anderson Rowley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 1 1893
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Sudden
At Lewis & Legia

Duration _____

8. AGE: Years 53 Months 8 Days 15
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

MOTHER FATHER

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

10. Usual occupation car dept worker

11. Industry or business Frisco R.R.

12. Name Napoleon B. Rowley

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

14. Maiden name Mary Elizabeth Petrell
(City, town, or county) (State or foreign country)

15. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Rowley

(b) Address 612 8th St, Monett Mo

17. (a) Burial (b) Date thereof Apr 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joe Fern Monett Mo.

18. (a) Signature of funeral director Callaways

(b) Address Monett Mo.

19. (a) 4-17-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 F. J. Moynihan (M. D. or other) _____
Address Monett Mo Date signed 4/17/47

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

APR 2 1948
RECEIVED

District Health Officer No. 6,
District File Number 447-513
Date Filed APR 29 1947

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 J. D. Buchanan
Licensed Embalmer No. 3149
P. O. Address Mount Hope

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.