S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21421

Registration District No. 156 — Primary Registration District No. 200 5581 — Registrar's No. ....

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West 13 St. Road (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .... In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. 2728 Jackson 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ....

3. (a) PRINT FULL NAME Ethel Rowden
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 Husband Carroll Rowden
(c) Age of husband or wife if alive 28 years
7. Birth date of deceased July (Month) 30 (Day) 1924 (Year)
8. AGE: Years 22 Months 8 Days 15 If less than one day ....hr. ....min.
9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Frank Crawley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carroll Rowden
(b) Address 2728 Jackson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kansas
18. (a) Signature of funeral director Allison Funeral Home
(b) Address Galena, Kansas
19. (a) 5-19-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 1:30 minute a. M.
21. I hereby certify that I attended the deceased from ...., 19.... to ...., 19.... Did not attend
that I last saw h.... alive on ...., 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull — Duration
Due to Internal Hemorrhage
Due to ....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations .... Of autopsy ....

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5/15/47
(c) Where did injury occur? RR (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hiway (Specify type of place)
While at work? No (e) Means of injury Automobile
23. Signature A.W. Dorfelt (M. D. or other) Coroner
Address 211 ½ Joplin Date signed 7/1/47

Non collision

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-517

JUL 13 1946

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 Elmer M. Bunzy

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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.