

FILED AUG 16 1947

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DeWitt Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 hour.
In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT Willard Jackson Rowden, Jr.
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 30 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Jackson Rowden
13. Birthplace Argyle Mo.
14. Maiden name Bessie Beal
15. Birthplace Pulaski Co. Mo.

16. (a) Informant Willard J Rowden
(b) Address Swedeberg, Mo.

17. (a) Burial (b) Date thereof 7-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Union Cemetery

18. (a) Signature of funeral directors J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) Aug. 15, 1947 (b) Thelma C. Buckhays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Swadeberg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from 6
July 11, 1947, to July 11, 1947,
that I last saw him alive on July 11, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Ingestion of strychnine
with heart stablils
Due to ingestion of about 100
(Carbol tabls. Carbol Rowden Smith,
Due to pharmaceutical Co. Orange, N. J.) containing
1/100 gr. Strychnine per tablet
Other conditions _____
(Include pregnancy within 3 months of death)

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 July 11, 1947; 6 pm
(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) (e) Means of injury 2

23. Signature John A. Michalovich M. D. or other D.O.
Address Crocker, Mo. Date signed 7-13-47

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

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 Paul B. Hooper

Licensed Embalmer No. 3761

P. O. Address Waynesville, 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.