

S. No. 2
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-5-17-39
-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35256

State File No. _____

FILED OCT 25 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
418 E. 26th Street, Sedalia, Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 418 E. 26th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Helen Louise Rowlette
FULL NAME

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased September 13, 1946
(Month) (Day) (Year)

8. AGE: 1 Years 0 Months 25 Days
If less than one day
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James B. Rowlette

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

14. Maiden name Pearl Spry

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

16. (a) Informant James B. Rowlette (Father)

(b) Address 418 E. 26th St. Sedalia, Mo

17. (a) Burial (b) Date thereof Oct. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director James Ewing
117 W. 7th, Sedalia, Mo.

(b) Address _____

19. (a) 10/9/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1947 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from
Oct 7 19 47 to Oct 8 19 47
that I last saw him or alive on Oct 8 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia Duration 1 day

Due to Whooping cough
Due to _____

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 _____

(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 _____

23. Signature W. E. Bell (M. D. or other) _____

Address Sedalia Mo. Date signed 10-9-1947

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-24-47

Dr. W. E. Bass

210 1/2 S. Ohio

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 *Shane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.