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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3835

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 S. Fifth St. (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: Adair 1
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 912 S. Fifth St. 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Rachel Lynn Rowe
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 11 (Day) 1871 (Year)

8. AGE: Years 76 | Months 6 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Vanderbilt (City, town, or county) Penn (State or foreign country)
10. Usual occupation: Home
11. Industry or business .....

FATHER
12. Name: David Henderson
13. Birthplace: Vanderbilt (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name: Mary Skinner Lynn
15. Birthplace: (City, town, or county) Penn (State or foreign country)

16. (a) Informant: Mrs. Fannie Shultheiss
(b) Address: Gifford, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Morning Sun, Iowa
18. (a) Signature of funeral director: Kirksville, Missouri
(b) Address: Kirksville, Missouri
19. (a) 2-10-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1948 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from May 21, 1947, to Feb 9, 1948 that I last saw her alive on Feb 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Medullary failure and toxicity	72 hrs.
Due to: Carcinomatosis	5 years
Due to: primary carcinoma of rectum	10 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 46 P
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) .....
(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: M. T. Gutenkohn (or other) D.O.
Address: Kirksville, Mo. Date signed: 1-9-48

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

MAR 17 1948

MAR 20 1948

MAR 17 1948

RECEIVED
District Health Officer No. 1
District File Number 2-48-316
FEB 16 1948
Date Filed

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 William C. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Kirksville 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.