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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4660

State File No. _____

Registration District No. 139

Primary Registration District No. 5572

Registrar's No. 121

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maitland (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 Mo. (b) County Holt 44

(c) City or town Maitland (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? (No) (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Augusta Berlanda Rowlett

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1948 hour 1:00 minute _____ P. M.

4. Sex female 5. Color or race white

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 August 12 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration instant

8. AGE: Years 81 Months 5 Days 28 If less than one day _____ hr. _____ min.

Due to Arteriosclerosis

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

Due to _____

10. Usual occupation housewife

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

11. Industry or business housewife

Major findings: _____

12. Name John Burginer

Of operations _____

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

Of autopsy _____

14. Maiden name Emma C. Mapes

15. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wilford Rowlett

(b) Address Maitland, Mo.

17. (a) Burial (b) Date thereof 2-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (e) Signature of funeral director E. M. Alchison

(b) Address Maryville, Mo.

19. (a) 2-17-48 (b) _____
(Date received local registrar) (Registrar's signature)

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 2

23. Signature W. R. Titcomb (M.D. or other) D.O.

Address Maitland, Mo. Date signed 2-12-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

G M Otchusau

Licensed Embalmer No

2279

P. O. Address

Monroeville

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.