

S. No. 2  
1-1/47  
5-17-39

4678

FEDERAL BUREAU OF STATISTICS  
National Office of Vital Statistics!

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 5 1948

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Newell

(b) City or town West Plains, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 623 E. Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 60 hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newell 46

(c) City or town West Plains  
(If outside city or town limits, write "RURAL")

(d) Street No. 623 E. Main  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Fatherine Elizabeth Rowles

3. (b) If veteran,  name war .....

3. (c) Social Security No. 1790

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1948 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept, 1940, to 1-9- 1948, that I last saw her alive on 1-6- 1948, and that death occurred on the date and hour stated above.

4. Sex 71 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Cal Rowles

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased 6-12-1866  
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis  
Right hemiplegia  
Grand arteriosclerosis

Due to .....

Due to .....

Other conditions: (Include pregnancy within 3 months of death) .....

Major findings: 93B

Of operations .....

Of autopsy .....

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

8. AGE: Years 81 Months 6 Days 27 If less than one day hr. min.

9. Birthplace St. Clair Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business .....

12. Name Phillip Bert

13. Birthplace P. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie D. Baker

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

16. (a) Informant Mrs. Julia Belge

(b) Address Carl Junction, Mo.

17. (a) 13 (b) Date thereof 1-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Feb 9 - 1948 (b) Beatrice Cook  
(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? 0  
(Specify type of place)

While at work? (e) Means of injury .....

23. Signature E. B. Bohrer (M. D. or other) MD

Address West Plains, Mo. Date signed 1-17-48

Boher

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

RECEIVED

District Officer No. 5,

District File Number 348160

Date Filed 3-4-48

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 \_\_\_\_\_

George R. Dwyer, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. D. Roberts

Licensed Embalmer No. 3437

P. O. Address Wrestling, 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.