

FILED SEP 27 1948

State File No. \_\_\_\_\_

Registration District No. 294

Primary Registration District No. 4550

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Worth

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113

(c) City or town Sheridan 5  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eldridge Smith Rowe

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race white

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

6. (b) Name of husband or wife Edith Rowe

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 29 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>II</u>	<u>I7</u>	_____ hr. _____ min.

9. Birthplace Taylor County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Eldridge Smith Rowe 1

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. DAVIS

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

16. (a) Informant Ellis Rowe

(b) Address Bedford Iowa

17. (a) Burial (b) Date thereof 9-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luteston Cemetery

18. (a) Signature of funeral director Arch C. Duffel

(b) Address Grant City, Mo.

19. (a) Sept 18 1948 (b) Arthur E. Dawson  
(Date received local registrar) (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16  
year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 19 47 to 9-16 48  
that I last saw him alive on 9-14 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Arteriosclerotic Changes  
Valvular Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 935

Of autopsy \_\_\_\_\_

Duration 3 hrs

10 yrs

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)

(c) Means of injury \_\_\_\_\_

23. Signature Frank B. Harrison (M. D. or other)

Address Grant City, Mo. Date signed 9/17/48

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

100 1948

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**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..... *Arch C. Dingle* .....

Licensed Embalmer No..... *3252* .....

P. O. Address.....

**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.**