. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32402

FILED NOV 12 1947

Registration District No. 87

Primary Registration District No. 3016

Registrar's No. 245

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1701 W. McCarty 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 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 W. Mc Carty St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Dexter Herman Rowland

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nina McKee

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 12, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	19	..... hr. ..... min.

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

10. Usual occupation Patrolman

11. Industry or business .....

FATHER
12. Name J.M. Rowland
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma King
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nina McKee Rowland
(b) Address Jefferson City, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-48
(Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo. Cem.

18. (a) Signature of funeral director Victor Bleecker
(b) Address Jefferson City, Missouri

19. (a) 11-3-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)
Norman Richter

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 48
year 1948 hour ..... minute 10 15 8 M.

21. I hereby certify that I attended the deceased from Nov 2, 1948 to Nov 2, 1948
that I last saw him alive on Nov 2nd, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 John N. McHenry (M. D. or other) MD
Address Jefferson City Mo. Date signed 11/3/48

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 10 1948
Date Filed
JAN 21 1946

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.