No. 300
-10-47
-17-39
-1 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36845

FILED DEC 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4710

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4224 Locust St. 1
(If not in hospital or institution, write street number or location)

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

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4224 Locust St. 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas R. Rowe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nancy Gleason Rowe

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

7. Birth date of deceased May (Month) 25, (Day) 1878 (Year)

8. AGE: Years 70 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Bridgeport, Conn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired News agent

11. Industry or business Fred Harvey System

FATHER
12. Name No record 9
13. Birthplace No record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Rowe 1

(b) Address 4224 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 11-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1948 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug 16, 1947, to Oct 25, 1948, that I last saw him alive on Oct 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1-3-hrs
Due to: Arteriosclerotic Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9	
Of autopsy:	

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? (Specify type of place) 0

While at work? (c) Means of injury

23. Signature J. D. Bennett (M. D. or other) MD

Address 872 Argyle KC Mo. Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 37775

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.