

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15277**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3013** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City Mo.	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 1101 Burlington North K;C. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1101 Burlington N.K.C. No			

3. NAME OF DECEASED (Type or Print)	a. (First) Evrette	b. (Middle) XXX	c. (Last) Rowlett	4. DATE OF DEATH (Month) (Day) (Year)
				June 2 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 10 1924	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Days X	IF UNDER 1 MONTH Hours X	IF UNDER 1 MIN. Min. X
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor	10b. KIND OF BUSINESS/ OR INDUSTRY Day Jobs	11. BIRTHPLACE (State or foreign country) Skidmore Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bird Rowlett	13b. MOTHER'S MAIDEN NAME Alta Rowlett	14. NAME OF HUSBAND OR WIFE Alice Rowlett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) World War II	16. SOCIAL SECURITY NO. 500-22-0618	17. INFORMANT'S SIGNATURE OR NAME Mrs Alice Rowlett	Address 1101 Burlington
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5981
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound left chest slanting ascending		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6/3/49	19b. MAJOR FINDINGS OF OPERATION Rose	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) North Kansas City Clay MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 2 49 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.S. Pate M.D. Coroner	23b. ADDRESS North Kansas City Mo	23c. DATE SIGNED 6/3/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/3/49	24c. NAME OF CEMETERY OR CREMATORY Skidmore	24d. LOCATION (City, town, or county) (State) Skidmore Mo.
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DATE REC'D BY LOCAL REG. June 3-1949	REGISTRAR'S SIGNATURE Beulah Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE Morton-Smith's F.H.	ADDRESS North Kansas City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-49

OCT 1 1949

VS
JUL 5 1960

JUL 1 5 1960

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address Waltham, Kansas City

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.