

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8973
1350

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 16 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 613 Main			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3128			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) William		b. (Middle) JOHN		c. (Last) Rowell		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 2 1875		9. AGE (In years last birthday) 74 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWS VENDOR	
10b. KIND OF BUSINESS OR INDUSTRY 12th & BALTIMORE		11. BIRTHPLACE (State or foreign country) SPRINGFIELD ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHARLES ROWELL		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN		14. NAME OF HUSBAND OR WIFE Mrs. ROWELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J.M. HOWE		ADDRESS 4605 LL90 KANSAS CITY KANSAS			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant lymphoma			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS				ANTECEDENT CAUSES			
Conditions contributing to the death but not related to the disease or condition causing death.				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from Jan. 13, 1950, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 5:55 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart (Degree or title)				23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 3-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 23 1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-22-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons 1331-BRUSH CREEK KANSAS CITY MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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 John C. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas 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.